

Policy for Treatments designed to improve aesthetic appearance

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Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
April 2025	V2	<ul style="list-style-type: none"> • Formatting into Clinical Commissioning Policy Template • Inclusion of wording to section 2 to clarify ICB commissioning position. • Update to wording regarding smoking status to provide clarity to clinicians and patients. • Adoption of NHS England’s Evidence Based guidelines regarding Breast prosthesis removal and Correction of Breast Asymmetry. • Update to Replacement of breast implants in line with the ICB’s position with regard to Female breast enlargement (augmentation mammoplasty) and the ICB’s Correction of Breast Asymmetry. • Update to Surgery on the upper eyelid (upper lid blepharoplasty) and browlifts visual field testing. • Inclusion of Chalazia Removal and Labiaplasty, currently separate ICB policies. • Inclusion of new procedures not currently covered by separate ICB policies to provide clarity of the ICB’s commissioning position for common cosmetic treatment requests; Inverted Nipple Correction, Diastasis of the Rectus Abdominis, Liposuction, Vaginoplasty, Hymenorrhaphy, Rhinophyma, Genital warts – refer to GUM 	<p>ICB Clinical Commissioning Policy Development Groups; 15 October 2024, 10 February 2025 and 28 April 2025</p> <p>Revisions approved by Deputy Chief Medical Director 11.07.2025 under Category 2 of the ICB’s Policy Approval and Management Policy.</p>
September 2025	V3	<p>Surgery on the upper eyelid (upper lid blepharoplasty) and browlift: additional wording has been incorporated into the ‘Further Advice’ section regarding visual field testing, to clarify the assessments considered acceptable and to address considerations for patients who do not drive.</p>	<p>Additions approved by Deputy Chief Medical Director 24.09.2025 under Category 2 of the ICB’s Policy Approval and Management Policy.</p>

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1. Category: Prior Approval and Not commissioned

Prior approval from the Integrated Care Board (ICB) will be required before any prior approval treatments proceed in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

Unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment, prior approval must be sought from the ICB, prior approval forms are available from the ICB via cwicb.ardenifr@nhs.net.

This policy applies to all service providers in secondary care and community services where procedures to improve aesthetic appearance are performed.

Policy restriction does not apply to situations where patients require a cosmetic or reconstructive procedure to restore normal or near normal function or appearance as a direct consequence of trauma, burns, destructive surgery, NHS funded treatment, cancer treatment or a recognised congenital malformation. These cases are eligible for NHS funding as part of the treatment plan under routine commissioning arrangements and would be subject to a planned course of treatment within an agreed timescale, which may be long term in some cases. However, further revision for cosmetic improvement will not be funded.

This policy applies to any and all procedures or treatments which are primarily aimed at improving aesthetic appearance (excluding the situations outlined above). The term “cosmetic procedures” is used in this document to denote these procedures and treatments. It is important to note that this includes not only some of the procedures that may be undertaken in the specialty of plastic and reconstructive surgery, but also in other specialties (including dermatology, ENT surgery, ophthalmology, maxillofacial surgery and general surgery).

Common cosmetic procedures and treatments are listed below, but this is not an exhaustive list of conditions and procedures., If there is any doubt about whether a treatment would be considered as cosmetic, advice should be sought from the ICB via cwicb.ardenifr@nhs.net.

Common cosmetic procedures and treatments

- [Female breast reduction \(reduction mammoplasty\)](#) – prior approval
- [Correction of female breast asymmetry](#) – prior approval
- [Male breast reduction \(Gynecomastia surgery\)](#) – not commissioned
- [Female breast enlargement \(augmentation mammoplasty\)](#) – not commissioned
- [Revision of female breast augmentation](#) – prior approval
- [Breast surgery following cancer treatment relating to an unaffected breast](#) - commissioned in accordance with guidelines within section 2
- [Breast Lift \(Mastopexy\)](#) – not commissioned
- [Inverted Nipple Correction](#) – not commissioned
- [Face lifts and brow lifts \(rhytidectomy\)](#) – not commissioned
- [Treatment for facial atrophy](#) – not commissioned
- [Surgery on the upper eyelid \(upper lid blepharoplasty\)](#) – prior approval
- [Surgery on the lower eyelid \(lower lid blepharoplasty\)](#) – prior approval
- [Surgery to reshape the nose \(rhinoplasty\)](#) – not commissioned

- [Correction of prominent ears \(pinnaplasty / otoplasty\), including ear pinning](#) – **not commissioned**
- [Correction of male pattern baldness](#) – **not commissioned**
- [Hair transplantation](#) – **not commissioned**
- [Correction of hair loss \(alopecia\)](#) – **not commissioned**
- [Abdominoplasty and other similar procedures for removal of excess skin from arms, legs and all other parts of the body](#) – **prior approval**
- [Diastasis of the Rectus Abdominis](#) – **not commissioned**
- [Body/face contouring and tissue transfer](#) – **not commissioned**
- [Removal of benign skin lesions](#) – **prior approval**
- [Surgical treatment \(including laser treatment\) for telangiectasia, hirsutism, keloid scarring and acne scarring, including skin resurfacing techniques for acne and other scarring conditions](#) – **not commissioned**
- [Laser treatment of skin conditions](#) – **prior approval**
- [Tattoo removal/Surgical correction of body piercings and correction of respective problems](#) – **not commissioned**
- [Surgical treatment of pigeon chest/chest wall deformity](#) – **not commissioned**
- [Non acute split earlobe repair/refashioning](#) – **not commissioned**
- [Liposuction](#) – **not commissioned**
- [Labiaplasty](#) – **not commissioned**
- [Vaginoplasty](#) – **not commissioned**
- [Hymenorrhaphy](#) – **not commissioned**
- [Rhinophyma \(bulbous, red nose\)](#) – **not commissioned**
- [Benign Meibomian Cysts \(Chalazion\) on the Eyelid\(s\)](#) – **prior approval**
- Genital warts – **refer to GUM**
- Any other treatments that are aimed at improving aesthetic appearance

General practitioners must note the provisions of this policy before making a referral to secondary care or Community services (where applicable) for a cosmetic procedure. Patients who do not meet the eligibility criteria set out in this policy should not be referred. However, on occasions general practitioners may not be best placed to decide whether or not the policy criteria apply in a particular case and thus may refer to secondary care or Community services (where applicable) for an opinion only. In cases of doubt, prior approval should be obtained from the ICB before referral.

Although the policy does not apply to treatments that can be prescribed in primary care, or minor surgical procedures that can be carried out entirely within a general practice, GPs may wish to base their decision to treat on the principles and criteria contained within this policy.

Patients who do not meet the eligibility criteria set out in this policy will not be offered NHS funding. Where the treating NHS clinician (General Practitioner or Consultant) believes that the individual clinical circumstance of their patient makes them an exception to the policy, and merits funding on an exceptional ground, the NHS treating clinician will need to make

an application in accordance with the ICB's Individual Funding Request (IFR) policy. As such, IFR applications will need to demonstrate that there are unlikely to be other 'similar patients' in the population for which the ICB is responsible. (i.e. demonstrate that the patient's clinical presentation is significantly different to the general population of other patients with the same presenting medical condition at the same stage of progression ("the cohort patients"), and/or is likely to gain significantly more benefit from the intervention than might be expected for the average patient with the same clinical condition at the same stage of progression).

It should be noted that the vast majority of applications for individual case funding for cosmetic procedures suggest that there are various psychological disorders and psychosocial factors associated with the physical problem (e.g. depression, anxiety, feelings of revulsion regarding the physical problem, social withdrawal, problems with sexual relationships and perceptions of teasing/bullying/ostracising by others because of the physical problem). The co-existence of these factors cannot, therefore, in itself be considered as 'exceptional' in these cases. **To confirm; the ICB will not support cosmetic surgery to elevate psychological symptoms and the co-existence of these factors are not considered as 'exceptional' in these cases. When there is particular concern over psychological well-being, patients should be referred to the appropriate service for appropriate psychological assessment, treatment and/or support.**

Obtaining a psychiatric opinion that the patient's cosmetic problem is contributing to their psychological state does not necessarily indicate that the patient is exceptional and will not guarantee that an IFR will be agreed. Therefore, psychiatric referral should not be made solely to support an IFR.

Where there are significant concerns regarding a child's psychological well-being, a referral should be made to the appropriate service for psychological assessment, intervention, and/or support.

In cases where children are reported to be experiencing bullying, teasing, or social exclusion due to variations in appearance—whether this occurs in school, online, within the community, or in other social settings—there is an expectation that these concerns are addressed robustly and in collaboration with relevant agencies, including educational providers, safeguarding teams, and mental health services.

2. Background

Treatments designed to improve aesthetic appearance are often carried out to change a person's physical appearance for aesthetic rather than medical reasons in order to achieve what they perceive to be a more desirable look.

Compared to healthcare interventions that improve health and that save lives, the Coventry and Warwickshire Integrated Care Board ("the ICB") consider funding of treatments designed to improve aesthetic appearance to be of low priority in allocating limited NHS resources. However, the ICB recognises that, in certain cases, a cosmetic procedure may be justified to alleviate or improve a physical deformity that most people would recognise as being severely abnormal, or to meet a clinical need other than improvement of aesthetic appearance. This policy sets out principles and examples of eligibility criteria for funding treatment in such cases.

The following procedures found within this policy are based on NHS England's Evidence-Based Interventions (EBI) programme (<https://ebi.aomrc.org.uk/interventions/>);

- Breast reduction (reduction mammoplasty), including:
 - Female breast reduction and Gynaecomastia Surgery
 - Correction of breast asymmetry

- Breast reduction for gynaecomastia
- Revision of breast augmentation
- Removal of benign skin lesions
- Chalazia Removal

Rationale

This is a planned policy revision, which aims to make the limits and eligibility criteria for NHS-funded cosmetic procedures fair, clear and explicit to the public, patients and providers.

Principles

The ICB Framework for Commissioning underpins development of this policy.

All decisions will be taken in the context of the overall financial position of the ICB.

3. Indication

The premise of the policy is that the ICB does not routinely fund cosmetic procedures unless the eligibility criteria in section 4 are met.

The responsibility for presenting the information relevant to eligibility criteria rests with the NHS clinician. The ICB, as commissioner, is ultimately responsible for assessing whether or not the eligibility criteria are in keeping with the content and the principles of the policy.

4. Eligibility Criteria

Aesthetic procedures for patients who are deemed to be within the normal morphological range will be considered purely cosmetic and therefore **NOT funded** on the NHS. However, funding may be appropriate to alleviate or improve a physical deformity that most people would recognise as being severely abnormal.

Referrals for the revision of treatments originally performed outside the NHS **will NOT** normally be supported and patients should be referred back to the practitioner who carried out the original procedure. However, in cases where there are significant complications following an aesthetic procedure (for example, infection), or circumstances that require the transfer of a patient to the NHS for appropriate management, the patient will be entitled to routine NHS treatment to treat that complication; but this may not be equivalent to revision of the original procedure. (An example is that complications due to removal of breast implants may be treated by removal of the implants, but the implants will not be replaced.)

Patients previously treated within the NHS should be considered for revision surgery based on clinical need and priority.

Surgical outcomes (e.g. wound healing, complications etc) can be adversely affected by smoking. To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral for any treatments under this policy. Applications for prior approval under this policy must record smoking status. Smoking status must be validated at pre-operative appointment using an appropriate test. Support to stop smoking is available to patients through a range of NHS stop smoking services.

Clinical eligibility criteria for specific procedures

Procedure & eligibility criteria

Female breast reduction (reduction mammoplasty)

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Note: this policy does not apply to therapeutic mammoplasty for breast cancer treatment or contralateral (other side) surgery following breast cancer surgery, and local policies should be adhered to. The Association of Breast Surgery supports contralateral surgery to improve cosmesis as part of the reconstruction process following breast cancer treatment.

Breast reduction surgery for cosmetic reasons is not funded.

Breast reduction surgery is a procedure used to treat female born patients with breast hyperplasia (enlargement), where breasts are large enough to cause problems like shoulder girdle dysfunction, intertrigo and adverse effects to quality of life.

Breast reduction surgery for hypermastia can cause permanent loss of lactation function of breasts, as well as decreased areolar sensation, bleeding, bruising, and scarring and often alternative approaches (e.g. weight loss or a professionally fitted bra) work just as well as surgery to reduce symptoms. For women who are severely affected by complications of hypermastia and for whom alternative approaches have not helped, surgery can be offered. The aim of surgery is not cosmetic, it is to reduce symptoms (e.g. back ache).

The NHS will only provide breast reduction for female born patients if **all** the following criteria are met:

- The patient is aged 18 years or over
- The patient has received a full package of supportive care from their GP such as advice on weight loss and managing pain
- In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided
- 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).
- Breast reduction planned to be 500g or more per breast or at least 4 cup sizes
- Body mass index (BMI) is $<27\text{kg/m}^2$ and stable for at least twelve months
- The patient must be provided with written information to allow her to balance the risks and benefits of breast surgery
- The patient should be informed that smoking increases complications following breast reduction surgery and must have stopped smoking 4 weeks prior to referral for surgery
- The patient should be informed that breast surgery for hypermastia can cause permanent loss of lactation

Resection weights for bilateral or unilateral (both breasts or one breast) breast reduction should be recorded for audit purposes.

Procedure & eligibility criteria

References

<https://ebi.aomrc.org.uk/interventions/breast-reduction/>

An investigation into the relationship between breast size, bra size and mechanical back British School of Osteopathy (2010). Pages 13 & 14

Royal College of Surgeons of England (2014) Commissioning Guide: Breast Reduction

Greenbaum, a. R., Heslop, T., Morris, J., & Dunn, K. W. (2003). An investigation of the suitability of bra fit in women referred for reduction British Journal of Plastic Surgery, 56(3), 230–236.

Wood, K., Cameron, M., & Fitzgerald, K. (2008). Breast size, bra fit and thoracic pain in young women: a correlational study. Chiropractic & Osteopathy, 16(1), 1-7.

Singh KA, Losken A. Additional benefits of reduction mammoplasty: a systematic review of the literature. Plast Reconstr Surg. 2012 Mar;129(3):562-70. PubMed: PM22090252

Strong B, Hall-Findlay EJ. How Does Volume of Resection Relate to Symptom Relief for Reduction Mammoplasty Patients? Ann Plast Surg. 2014 Apr 10. PubMed: PM24727444

Valtonen JP, Setälä LP, Mustonen PK, Blom M. Can the efficacy of reduction mammoplasty be predicted? The applicability and predictive value of breast-related symptoms questionnaire in measuring breast-related symptoms pre- and postoperatively. J Plast Reconstr Aesthet Surg. 2014 May;67(5):676-81. PubMed: PM24508223

Foreman KB, Dibble LE, Droge J, Carson R, Rockwell WB. The impact of breast reduction surgery on low-back compressive forces and function in individuals with macromastia. Plast Reconstr Surg. 2009 Nov;124(5):1393-9. PubMed: PM20009823

Shah R, Al-Ajam Y, Stott D, Kang N. Obesity in mammoplasty: a study of complications following breast reduction. J Plast Reconstr Aesthet Surg. 2011 Apr;64(4):508-14. doi: 10.1016/j.bjps.2010.07.001. Epub 2010 Aug 3. PubMed PMID: 20682461.

Oo M, Wang Z, Sakakibara T, Kasai Y. Relationship Between Brassiere Cup Size and Shoulder-Neck Pain in Women. The Open Orthopaedics Journal. 2012;6:140-142. doi:10.2174/1874325001206010140.

NHS information. Breast reduction on the NHS

Chen CL(1), Shore AD, Johns R, Clark JM, Manahan M, Makary MA The impact of obesity on breast surgery complications. Plast Reconstr Surg. 2011 Nov;128(5):395e-402e DOI:10.1097/PRS.0b013e3182284c05

Correction of female breast asymmetry

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Unilateral breast reduction is considered for asymmetric breasts as opposed to breast augmentation if there is an impact on health.

Correction of Breast Asymmetry for cosmetic reasons is not funded.

The NHS will only provide correction of breast asymmetry for female born patients if **all** the following criteria are met:

- The patient is aged 18 years or over
- The woman has received a full package of supportive care from their GP such as advice on weight loss and managing pain

Procedure & eligibility criteria

- In cases of thoracic/ shoulder girdle discomfort, a physiotherapy assessment has been provided
- 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).
- Breast reduction planned to be 500g or more per breast or at least 4 cup sizes
- Where there is a difference of >150g as measured by a specialist or a difference of cup sizes >2.
- Body mass index (BMI) is <27kg/m² and stable for at least twelve months
- The patient must be provided with written information to allow her to balance the risks and benefits of breast surgery
- The patient should be informed that smoking increases complications following breast reduction surgery and must have stopped smoking for at least 4 weeks prior to referral for surgery
- The patient should be informed that breast surgery for hypermastia can cause permanent loss of lactation

Resection weights, for bilateral or unilateral (both breasts or one breast) breast reduction should be recorded for audit purposes.

References

As per Breast reduction (reduction mammoplasty) above

Male breast reduction (Gynecomastia surgery)

Not funded

Surgery for gynaecomastia is not routinely funded by the NHS. This is because surgery for reduction of male breast tissue is deemed to be cosmetic and does not meet the principles laid out in this policy.

This recommendation does not cover surgery for gynaecomastia caused by medical treatments such as treatment for prostate cancer.

References

As per Breast reduction (reduction mammoplasty) above

Female breast enlargement (augmentation mammoplasty)

Not funded

Breast Augmentation/enlargement involves inserting artificial implants behind the normal breast tissue to improve its size and shape. Breast Augmentation is not routinely commissioned. This is because breast augmentation for non-cancer reasons is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/breast-enlargement/>

Procedure & eligibility criteria

Revision of female breast augmentation

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Removal of breast implants

Surgery to remove breast implants is only carried out by the NHS in specific situations when criteria are met. All patients should be aware when having implant surgery that due to capsular contracture and less frequently rupture they will need to be replaced at some point.

We recommend using the BRAN principles (Benefits, Risks, Alternatives and do Nothing) when speaking with patients about this.

Breast implants may be inserted during reconstructive surgery for treatment or prevention of breast cancer or for cosmetic purposes. Surgery to remove a breast implant may be used to treat the complications of breast implants inserted for reconstructive or cosmetic purposes.

This proposal does not cover implants inserted following surgery for breast cancer or breast cancer prevention performed under the NHS. In these cases, please refer to the Association of Breast Surgery (ABS) Guidance for the Commissioning of Oncoplastic Breast Surgery.

Surgery to remove breast implants should only be considered for patients aged 18 years and over with the following clinical indications:

- After implant leakage or rupture
- OR**
- There is severe capsular contracture (grade III/IV on the Baker classification). This will need to be confirmed by a specialist opinion.
- OR**
- Implants are complicated by recurrent implant infection or seroma
- OR**
- The patient develops Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).

Pre and postoperative photographs **MUST** be recorded for audit purposes. All eligible patients **MUST** be entered into the Breast and Cosmetic Implant Registry (BCIR) for audit purposes.

Patients whose initial procedure was privately funded should seek assurance from their private provider in the first instance.

If, however, the patient meets one of the above clinical indications, and the private provider is unable to offer the patient surgery, the patient can be offered an NHS referral for breast implant removal but not for replacement.

Where a patient is eligible for implant removal due to a problem associated with a single implant, bilateral implant removal should be offered.

Only implant removal should be performed, and no other subsequent cosmetic procedure e.g. mastopexy.

Procedure & eligibility criteria

The removal of breast implants due to symptoms termed as Breast Implant Illness (BII) or Autoimmune Syndrome Induced by Adjuvants (ASIA) on social media, or due to the risk of developing Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is not currently recommended.

Only patients whose initial procedure was funded by the NHS should be considered for both implant removal and replacement. In line with current guidance, patients eligible to have their implant replaced must be informed of the potential risk of BIA-ALCL.

As per guidance NG180 from the National Institute for Health and Care Excellence (NICE), discuss lifestyle modifications with people having surgery — for example stopping smoking and reducing alcohol consumption — in order to reduce the risk of post-operative complications. See NICE guidance NG180 on Perioperative care in adults for more information.

Rationale for recommendation

Patients should be informed at the time of initial surgery that implants are likely to need replacement and further surgery may be required.

In the case of implant rupture, severe capsular contracture, recurrent infection, breast disease and BIA-ALCL the benefit of removing an implant outweighs the risk of keeping the implant in place.

It is accepted that the NHS has a duty of care to patients who require their implant to be removed for a listed clinical indication, but only if their private provider is unable to offer this care. As the NHS does not routinely commission breast implants for cosmetic reasons, removal but not replacement is considered appropriate in these cases.

Concerns have been expressed about the potential side effects of breast implants including the development of BIA-ALCL and BII or Autoimmune Syndrome Induced by Adjuvants (ASIA).

The BIA-ALCL is uncommon and in the UK is currently estimated to be 1 per 15,000 implants sold. The most recent guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) states that based on the current available evidence people with breast implants do not need to have them removed in the absence of symptoms of ALCL. The MHRA states this position is consistent with international regulators and they will continue to collect data on ALCL in patients with breast implants and review the guidance in light of any new evidence.

BII/ASIA is used by some to describe a constellation of symptoms felt to be associated with their breast implants. However, BII/ASIA is not a World Health Organization recognised disease. The MHRA states there is no single disease which could explain the reported symptoms and it is currently unknown whether there is a link between breast implants and the reported health problems.

Replacement of breast implants

Replacement of breast implants is not funded. The ICB does not support Female breast enlargement (augmentation mammoplasty).

References

<https://ebi.aomrc.org.uk/interventions/breast-prosthesis-removal/>

NHS Cosmetic surgery, Breast enlargement (implants) — <https://www.nhs.uk/tests-and-treatments/cosmetic-procedures/cosmetic-surgery/breast->

Procedure & eligibility criteria

[enlargement/#:~:text=You%20cannot%20usually%20get%20breast,the%20area%20you%20live%20in.](#)

Medicines and Healthcare products Regulatory Agency. Breast Implant Associated Anaplastic Large Cell Lymphoma. 2017.

Association of Breast Surgery, British Association of Plastic, Reconstructive & Aesthetic Surgeons and Breast Cancer Now.

Guidance for the Commissioning of Oncoplastic Breast Surgery. Association of Breast Surgery. 2018. Spear S, Baker J. Classification of Capsular Contracture after Prosthetic Breast Reconstruction. Plastic and Reconstructive Surgery. 1995;96(5):1119-1123

BAPRAS. Patient information. What complications can occur?

Handel N, Garcia M, Wixtrom R. Breast Implant Rupture. Plastic and Reconstructive Surgery. 2013;132(5):1128-1137

Headon H, Kasem A, Mokbel K. Capsular Contracture after Breast Augmentation: An Update for Clinical Practice. Archives of Plastic Surgery. 2015;42(5):532

Malahias M, Jordan D, Hughes L, Hindocha S, Juma A. A literature review and summary of capsular contracture: An ongoing challenge to breast surgeons and their patients. International Journal of Surgery Open. 2016;3:1-7

NHS England. Gender Identity Services for Adults (Surgical Interventions). 2019

Association of Breast Surgery, British Association of Plastic, Reconstructive & Aesthetic Surgeons. Oncoplastic Breast Reconstruction Guidelines for Best Practice. Breast Cancer Now. 2018

GOV. UK. Medicines and Healthcare products Regulatory Agency. 2020. Breast implants and Anaplastic Large Cell Lymphoma (ALCL)

Swerdlow S, Campo E, Pileri S, Harris N, Stein H, Siebert R et al. The 2016 revision of the World Health Organization classification of lymphoid neoplasms. Blood. 2016;127(20):2375-2390

BAAPS. Joint statement from ABS, BAAPS and BAPRAS Advice regarding Breast Implant safety. 2019

GOV.UK. Symptoms sometimes referred to as Breast Implant Illness. 2020.

NICE. Perioperative care in adults. [NG180] 2020

Breast surgery following cancer treatment relating to an unaffected breast

Commissioned in accordance with guidelines within section 1 on page 4 of this policy, prior approval is not required.

Contra-lateral treatment of the unaffected breast following cancer surgery will be commissioned if undertaken as part of the original treatment plan of reconstruction surgery on the cancer affected breast.

References

<https://www.nice.org.uk/guidance/ng101/chapter/Recommendations#breast-reconstruction>

<https://www.bapras.org.uk/docs/default-source/commissioning-and-policy/final-oncoplastic-guidelines---healthcare-professionals.pdf?sfvrsn=0>

Procedure & eligibility criteria

Breast Lift (Mastopexy)

Not funded

The surgical correction of breasts that sag or droop. This can occur as part of the natural aging process, or pregnancy, lactation and substantial weight loss.

This is because the procedure is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

https://baaps.org.uk/patients/procedures/5/breast_uplift_mastopexy

Inverted Nipple Correction

Not funded

This is because surgery to correct inverted nipples is deemed to be cosmetic and does not meet the principles laid out in this policy.

- Nipple inversion may be indicative of breast cancer which should always be excluded.
- Most cases can be managed by use of a suction device for 3 months.
- Otherwise, surgical correction of nipple inversion is not routinely commissioned.

References

Hernandez Yenty QM, Jurgens WJFM, van Zuijlen PPM, et al. Treatment of the benign inverted nipple: A systematic review and recommendations for future therapy. Breast (Edinburgh, Scotland) 2016;29:82-89. doi: 10.1016/j.breast.2016.07.011

Information for commissioners of plastic surgery services: Referrals and guidelines in plastic surgery. Action on plastic surgery. London: NHS modernisation agency, 2005:24.

Hester RH, Hortobagyi GN, Lim B. Inflammatory breast cancer: early recognition and diagnosis is critical. American journal of obstetrics and gynecology 2021 doi: 10.1016/j.ajog.2021.04.217

Mangialardi ML, Baldelli I, Salgarello M, et al. Surgical Correction of Inverted Nipples. Plastic and reconstructive surgery Global open 2020;8(7):e2971. doi: 0.1097/GOX.0000000000002971

Stone G, Shaully O, Gould DJ. Crowdsourcing the Public's Perception and Systematic Review of Nipple Inversion and Its Repair. Journal of women's health 2021 doi: 10.1089/jwh.2020.8953

Park HS, Yoon CH, Kim HJ. The prevalence of congenital inverted nipple. Aesthetic plastic surgery 1999;23(2):144-46.

Sakai S, Sakai Y, Izawa H. A new surgical procedure for the very severe inverted nipple. Aesthetic plastic surgery 1999;23(2):139-43.

Yukun L, Ke G, Jiaming S. Application of Nipple Retractor for Correction of Nipple Inversion: A 10-Year Experience. Aesthetic plastic surgery 2016;40(5):707-15. doi: 10.1007/s00266-016-0675-0

Lee MJ, Depoli PA, Casas LA. Aesthetic and predictable correction of the inverted nipple. Aesthetic surgery journal 2003;23(5):353-56. doi: 10.1016/S1090-820X(03)00209-7

Procedure & eligibility criteria

Olivas-Menayo J, Berniz C. Inverted Nipple Correction Techniques: An Algorithm Based on Scientific Evidence, Patients' Expectations and Potential Complications. Aesthetic plastic surgery 2021;45(2):472-80. doi: 10.1007/s00266-020-01909-6

Face lifts and brow lifts (rhytidectomy)

Not funded

Face lifts and similar surgery, and related non-surgical treatments such as Botox and line filling, are not funded.

This is because the procedure is deemed to be cosmetic and does not meet the principles laid out in this policy.

Rhytidectomy is not routinely commissioned for purely cosmetic reasons but only used in the management of patients with congenital facial conditions or facial palsy.

References

[https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/facelift/#:~:text=A%20facelift%20\(rhytidectomy\)%20is%20cosmetic,mainly%20the%20jowls\)%20and%20neck.](https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/facelift/#:~:text=A%20facelift%20(rhytidectomy)%20is%20cosmetic,mainly%20the%20jowls)%20and%20neck.)

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

<https://www.bapras.org.uk/public/patient-information/surgery-guides/face-and-brow-lift>

Treatment for facial atrophy

Not funded

Treatment for facial atrophy for cosmetic reasons is not funded as it does not meet the principles laid out in this policy.

Surgery on the upper eyelid (upper lid blepharoplasty) and browlifts

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

This procedure will be funded to correct functional impairment as demonstrated by:

- Impairment of visual fields in the relaxed, non-compensated state. Objective evidence of this will be required and must be documented.
- Clinical observation of poor eyelid function, discomfort e.g. headache worsening towards the end of the day and / or evidence of chronic compensation through elevation of the brow.

Further advice:

- Many people acquire excess skin in the upper eyelids and brow as part of the process of ageing and this may be considered normal. However, if this starts to interfere with vision or function of the eyelid apparatus then this can warrant treatment.
- Visual Field Tests must be performed and documented by the treating clinical team as follows:
 - Group 1 Drivers/non-drivers:

Procedure & eligibility criteria

- A field of at least 120° on the horizontal measured using a target equivalent to the white Goldmann III4e settings. Where the Ophthalmology service does not have access to the white Goldmann III4e, the ICB will accept clinical judgement in determining the most appropriate visual field assessment for each individual patient.
- The extension should be at least 50° left and right. In addition, there should be no significant defect in the binocular field that encroaches within 20° of the fixation above or below the horizontal meridian.
- Group 2 (bus and lorry) Drivers:
 - An uninterrupted measurement of at least 160° on the horizontal plane
 - extensions of at least 70° left and at least 70° right
 - extensions of at least 30° above and at least 30° below the horizontal plane
 - no significant defect within 70° right and 70° left between 30° up and 30° down (it would be acceptable to have a total of up to 3 missed points, which may or may not be contiguous*)
 - no defect is present within a radius of the central 30°

References

https://baaps.org.uk/patients/procedures/9/eyelid_surgery_blepharoplasty

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

<https://www.gov.uk/guidance/visual-disorders-assessing-fitness-to-drive#minimum-standards-for-field-of-vision--all-drivers>

Surgery on the lower eyelid (lower lid blepharoplasty)

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

This procedure will be funded for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin.

References

https://baaps.org.uk/patients/procedures/9/eyelid_surgery_blepharoplasty

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Surgery to reshape the nose (rhinoplasty)

Not funded

Rhinoplasty, commonly known as a 'nose job', for cosmetic reasons is not funded as it does not meet the principles laid out in this policy.

Please see the separate ICB Policy for Rhinoplasty/Septorhinoplasty/Septoplasty regarding non-cosmetic indications for surgery.

References

Procedure & eligibility criteria

<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/nose-reshaping-rhinoplasty/>

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

<https://www.bapras.org.uk/public/patient-information/surgery-guides/rhinoplasty>

https://baaps.org.uk/patients/procedures/13/rhinoplasty_augmentation

Correction of prominent ears (pinnaplasty/otoplasty), including ear pinning

Not funded

Correction of prominent ears (pinnaplasty/otoplasty), including ear pinning is an operation to reshape the ears and make them less prominent.

This procedure is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/ear-correction-surgery/>

Correction of male pattern baldness

Not funded

This procedure is deemed to be cosmetic and does not meet the principles laid out in this policy.

NHS Choices provides detail regarding a range of non-surgical options for hair loss: [Hair loss - NHS \(www.nhs.uk\)](#)

References

<https://www.nhs.uk/conditions/hair-loss/>

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Hair transplantation

Not funded

A hair transplant is a procedure to move hair to an area that's thin or bald and is deemed to be cosmetic and does not meet the principles laid out in this policy.

NHS Choices provides detail regarding a range of non-surgical options for hair loss: [Hair loss - NHS \(www.nhs.uk\)](#)

References

<https://www.nhs.uk/conditions/hair-loss/>

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Procedure & eligibility criteria

Correction of hair loss (alopecia)

Not funded

Surgical treatment for hair loss is deemed to be cosmetic and does not meet the principles laid out in this policy.

NHS Choices provides detail regarding a range of non-surgical options for hair loss: [Hair loss - NHS \(www.nhs.uk\)](https://www.nhs.uk/health/a-z/hair-loss)

References

<https://www.nhs.uk/conditions/hair-loss/>

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Abdominoplasty and other similar procedures for removal of excess skin from arms, legs and all other parts of the body

- Abdominoplasty and similar procedures (apronectomy, panniculectomy, liposuction) for cosmetic or psychological reasons are not normally funded.

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Funding will be found when there is a considerable abdominal apron, causing functional problems, following massive weight loss (usually through bariatric surgery and less commonly by dietary means) when the patient has the following circumstances and meets the following criteria:

- There must be documented evidence of clinical pathology (eg recurrent intertrigo which has led to ulceration requiring repeated courses of treatment for a minimum period of one year) or disability (eg ambulatory or urinary difficulties) due to the skin fold in question
- The patient's starting BMI before weight loss must have been no less than 45kg/m²
- The patient's current BMI must be less than 30kg/m². (In some patients a BMI of less than 30kg/m² may not be achievable, due the weight of excess skin. In these circumstances the patient must have lost at least 15 BMI points, and their clinician must confirm that no further reduction in BMI will be possible without removal of excess skin)
- The patient's weight must have been stable (normally at less than a BMI of 30kg/m²) for a minimum of 12 months.

Further advice: It is important that patients who are considering bariatric surgery are given full information about the cosmetic consequences of the bariatric procedures prior to undergoing surgery and advised that they will not automatically be eligible for NHS funded abdominoplasty.

References

<https://www.nhs.uk/tests-and-treatments/cosmetic-procedures/cosmetic-surgery/tummy-tuck/>

<https://www.nice.org.uk/guidance/cg189/chapter/Recommendations#surgical-interventions>

Procedure & eligibility criteria

https://www.bapras.org.uk/docs/default-source/commissioning-and-policy/rewrite-for-2017--final-version.pdf?sfvrsn=f53423c3_4

https://www.bapras.org.uk/docs/default-source/Patient-Information-Booklets/rcs_bapras_guide_body_contouring_web.pdf?sfvrsn=e9323c3_0

Jiang Z, Zhang G, Huang J, Shen C, Cai Z, Yin X, et al. A systematic review of body contouring surgery in post-bariatric patients to determine its prevalence, effects on quality of life, desire, and barriers. *Obes Rev Off J Int Assoc Study Obes*. 2021 May;22(5):e13201.

Staalesen T, Elander A, Strandell A, Bergh C. A systematic review of outcomes of abdominoplasty. *J Plast Surg Hand Surg*. 2012 Sep;46(3–4):139–44.

EIAbd R, Samargandi OA, AlGhanim K, Alhamad S, Almazeedi S, Williams J, et al. Body Contouring Surgery Improves Weight Loss after Bariatric Surgery: A Systematic Review and Meta-Analysis. *Aesthetic Plast Surg*. 2021 Jun;45(3):1064–75.

Aljerian A, Abi-Rafeh J, Ramirez-GarciaLuna J, Hemmerling T, Gilardino MS. Complications in Brachioplasty: A Systematic Review and Meta-Analysis. *Plast Reconstr Surg*. 2022 Jan 1;149(1):83–95.

Marouf A, Mortada H. Complications of Body Contouring Surgery in Postbariatric Patients: A Systematic Review and Meta-Analysis. *Aesthetic Plast Surg*. 2021 Dec;45(6):2810–20.

Toma T, Harling L, Athanasiou T, Darzi A, Ashrafian H. Does Body Contouring After Bariatric Weight Loss Enhance Quality of Life? A Systematic Review of QOL Studies. *Obes Surg*. 2018 Oct;28(10):3333–41.

Gilmartin J, Bath-Hextall F, Maclean J, Stanton W, Soldin M. Quality of life among adults following bariatric and body contouring surgery: a systematic review. *JBHI Database Syst Rev Implement Rep*. 2016 Nov;14(11):240–70.

Diastasis of the Rectus Abdominis

Not funded

Surgical treatment for Diastasis (divarication) of the recti repair (DRA) is deemed to be cosmetic and does not meet the principles laid out in this policy.

DRA, also sometimes referred to as diastasis recti or divarication, is an apparent widening of the space between the left and right stomach muscles (the rectus abdominis muscle). It is particularly common towards the end of pregnancy and after childbirth, with the majority spontaneously improving over time, and does not usually lead to any complications. It can also occur in patients who have not had children. It is not the same as a hernia, and therefore does not carry the same risks as a hernia.

Following an ICB and Public Health comprehensive evidence review of DRA, it has been concluded that there is insufficient and inconclusive evidence of efficacy when compared with less invasive treatments, as well as complications of surgical intervention. There is also a lack of robust evidence on the impact of DRA, with mixed findings on its links with pain and musculoskeletal function. It is largely viewed as a cosmetic surgery and therefore not routinely commissioned.

Physiotherapy including deep core muscle training as a mainstay of treatment, such exercises have wider benefits beyond surgical improvement to the diastasis.

Procedure & eligibility criteria

References

Carlstedt A, Bringman S, Egberth M, Emanuelsson P, Olsson A, Petersson U, et al. Management of diastasis of the rectus abdominis muscles: recommendations for Swedish national guidelines. *Scandinavian Journal of Surgery* [Internet]. 2021 Sep 1 [cited 2025 Apr 1];110(3):452–9. Available from: <https://journals.sagepub.com/doi/full/10.1177/1457496920961000>

Sperstad JB, Tennfjord MK, Hilde G, Ellström-Engel M, Bø K. Diastasis recti abdominis during pregnancy and 12 months after childbirth: prevalence, risk factors and report of lumbopelvic pain. *Br J Sports Med* [Internet]. 2016 Sep 1 [cited 2025 Apr 1];50(17):1092–6. Available from: <https://pubmed.ncbi.nlm.nih.gov/27324871/>

What is RAD and why have I got it?

Fuentes Aparicio L, Rejano-Campo M, Donnelly GM, Vicente-Campos V. Self-reported symptoms in women with diastasis rectus abdominis: A systematic review. *J Gynecol Obstet Hum Reprod*. 2021 Sep 1;50(7):101995.

Sokunbi G, Camino-Willhuber G, Paschal PK, Olufade O, Hussain FS, Shue J, et al. Is Diastasis Recti Abdominis Associated With Low Back Pain? A Systematic Review. *World Neurosurg* [Internet]. 2023 Jun 1 [cited 2025 Apr 1];174:119–25. Available from: <https://pubmed.ncbi.nlm.nih.gov/36894002/>

Abdullah, Rehman KA, Ahmad B, Arshad MK, Saeed H, Keen MA, et al. Comparative Efficacy of Abdominal Exercises and Abdominal Binding on Diastasis Recti Abdominis Reduction in Postpartum Women: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Physiother Res Int* [Internet]. 2025 Apr 1 [cited 2025 Apr 1];30(2). Available from: <https://pubmed.ncbi.nlm.nih.gov/40018828/>

Strigård K, Gustavsson C, Staalesen T, Kihlbom U. Treatment of women with diastasis recti. 2022 Mar 15 [cited 2025 Apr 1];1–5. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK580650/>

Hickey F, Finch JG, Khanna A. A systematic review on the outcomes of correction of diastasis of the recti. *Hernia* [Internet]. 2011 Dec [cited 2025 Apr 1];15(6):607–14. Available from: <https://pubmed.ncbi.nlm.nih.gov/21688021/>

Benjamin DR, Frawley HC, Shields N, Peiris CL, van de Water ATM, Bruder AM, et al. Conservative interventions may have little effect on reducing diastasis of the rectus abdominis in postnatal women - A systematic review and meta-analysis. *Physiotherapy* [Internet]. 2023 Jun 1 [cited 2025 Apr 2];119:54–71. Available from: <https://pubmed.ncbi.nlm.nih.gov/36934466/>

Beamish NF, Davenport MH, Ali MU, Gervais MJ, Sjwed TN, Bains G, et al. Impact of postpartum exercise on pelvic floor disorders and diastasis recti abdominis: a systematic review and meta-analysis. *Br J Sports Med* [Internet]. 2025 [cited 2025 Apr 1];59(8). Available from: <https://pubmed.ncbi.nlm.nih.gov/39694630/>

Brucchi F, Boni L, Cassinotti E, Baldari L. Short term outcomes of minimally invasive endoscopic onlay repair for diastasis recti and ventral hernia repair: a systematic review and meta analysis. *Surg Endosc* [Internet]. 2025 Mar 1 [cited 2025 Apr 1];39(3). Available from: <https://pubmed.ncbi.nlm.nih.gov/39920372/>

Ferrara F, Fiori F. Laparoendoscopic extraperitoneal surgical techniques for ventral hernias and diastasis recti repair: a systematic review. *Hernia* [Internet]. 2024 Dec 1 [cited 2025 Apr 1];28(6). Available from: <https://pubmed.ncbi.nlm.nih.gov/39312025/>

Procedure & eligibility criteria

Gluppe S, Engh ME, Bø K. What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis. *Braz J Phys Ther* [Internet]. 2021 Nov 1 [cited 2025 Apr 1];25(6):664–75. Available from: <https://pubmed.ncbi.nlm.nih.gov/34391661/>

Treatment of women with diastasis recti: HTA Report [Internet] - PubMed [Internet]. [cited 2025 Apr 1]. Available from: <https://pubmed.ncbi.nlm.nih.gov/35605067/>

16. Benjamin DR, Frawley HC, Shields N, van de Water ATM, Taylor NF. Relationship between diastasis of the rectus abdominis muscle (DRAM) and musculoskeletal dysfunctions, pain and quality of life: a systematic review. *Physiotherapy* [Internet]. 2019 Mar 1 [cited 2025 Apr 1];105(1):24–34. Available from: <https://pubmed.ncbi.nlm.nih.gov/30217494/>

Body/face contouring and tissue transfer

Not funded

This includes any requests for implants as well as removal or transfer of tissue. This procedure is deemed to be cosmetic and does not meet the principles laid out in this policy.

Whilst body contouring surgery for arms, thighs and buttocks is commonly requested following massive weight loss (e.g. due to bariatric surgery), the functional and cosmetic gains for these procedures are generally thought to be much less compared to patients seeking abdominoplasty or similar operations.

References

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Removal of benign skin lesions

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met. A patient with a skin or subcutaneous lesion that has features suspicious of malignancy must be treated or referred according to NICE skin cancer guidelines. This policy does not refer to pre-malignant lesions and other lesions with potential to cause harm.

If, following a referral to secondary care or Community services (where applicable), malignancy is no longer suspected (and if the lesion has not already been excised for diagnostic purposes), any further treatment must be in line with the policy set out below.

It is therefore important that patients understand the reason for referral, and that referral in these circumstances will not automatically lead to excision of a benign lesion.

Treatment of benign skin lesions, with no risk of malignancy or infection, is considered to be cosmetic and should not be referred or treated. This policy refers to the following benign lesions when there is diagnostic certainty and they do not meet the eligibility criteria for removal:

- Benign moles (excluding large congenital naevi).

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- Solar comedones.
- Corn/callous.
- Dermatofibroma.
- Lipomas.
- Milia.
- Molluscum contagiosum (non-genital).
- Epidermoid and pilar cysts (sometimes incorrectly called sebaceous cysts).
- Seborrhoeic keratoses (basal cell papillomata).
- Skin tags (fibroepithelial polyps) including anal tags.
- Spider naevi (telangiectasia).
- Non-genital viral warts in immunocompetent patients.
- Xanthelasmata.
- Neurofibromata.
- Ganglia (other than hand/wrist ganglia).

The benign skin lesions, which are listed above, must meet **AT LEAST ONE** of the following criteria to be removed and prior approval must be obtained:

- The lesion is unavoidably and significantly traumatised on a regular basis with evidence of this causing regular bleeding or resulting in infections such that the patient requires 2 or more courses of antibiotics (oral or intravenous) per year:
- There is repeated infection requiring 2 or more antibiotics per year.
- The lesion bleeds in the course of normal everyday activity.
- The lesion causes regular pain.
- The lesion is obstructing an orifice or impairing field vision.
- The lesion significantly impacts on function e.g. restricts joint movement.
- The lesion causes pressure symptoms e.g. on nerve or tissue.
- If left untreated, more invasive intervention would be required for removal.
- Facial viral warts.
- Facial spider naevi in children causing significant psychological impact.
- Lipomas on the body > 5cms, or in a sub-facial position, with rapid growth and/or pain. These should be referred to Sarcoma clinic.

The following are **outside** the scope of this policy:

- Lesions that are suspicious of malignancy should be treated or referred according to NICE skin cancer guidelines.
- Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should be referred or, where appropriate, treated in primary care.
- Removal of lesions other than those listed above.

Referral to dermatology or plastic surgery:

- The decision as to whether a patient meets the criteria is primarily with the referring clinician. If such lesions are referred, then **the referrer should state that this policy has been considered and why the patient meets the criteria.**
- This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwer), independent providers, and community or intermediate services.

There is little evidence to suggest that removing benign skin lesions to improve appearance is beneficial. Risks of this procedure include bleeding, pain, infection and scarring. Though in certain specific cases as outlined by the criteria above, there are

Procedure & eligibility criteria

benefits for removing skin lesions, for example, avoidance of pain and allowing normal functioning.

References

<https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/>

NICE Improving outcomes for people with skin tumours including melanoma [CSG8]

NIICE Suspected cancer: recognition and referral [NG12]

Higgins JC, Maher MH, Douglas MS. Diagnosing Common Benign Skin Am Fam Physician. 2015 Oct 1;92(7):601-7. PubMed PMID: 26447443.

Tan E, Levell NJ, Garioch JJ. The effect of a dermatology restricted-referral list upon the volume of referrals. Clin Exp Dermatol. 2007 Jan;32(1):114-5. PubMed PMID: 17305918

Surgical treatment (including laser treatment) for telangiectasia, hirsutism, keloid scarring and acne scarring, including skin resurfacing techniques for acne and other scarring conditions

Not Funded

Telangiectasia

Thread/ Telangiectasis/ Reticular veins (Spider Angiomas) treatment is deemed to be cosmetic and does not meet the principles laid out in this policy.

Hirsutism

Hirsutism refers to excessive growth of thick and coarse hair.

The British Association of Dermatologists advises that there are a range of treatment options:

- Self-care: shaving, waxing, depilatories (hair removal creams) and bleaching creams
- Physical treatments: electrolysis, or Laser and intense pulsed light (IPL)
- Medical treatments: Eflornithine cream, Oral contraceptive pills or a range of Anti-androgens and other medicines.

Excess hair removal treatment is deemed to be cosmetic and does not meet the principles laid out in this policy.

Keloid scarring

The British Association of Dermatologists advises that surgically removing/excising a keloid is rarely a success as this can cause a larger wound and the keloids is likely to regrow in it. Further information can be found at the following website - [Keloid Scars: Causes, Treatment, and Prevention \(patient.info\)](#)

Surgical treatment of Scars and Keloids is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.bad.org.uk/pils/spider-angioma/>

<https://www.bad.org.uk/pils/urticaria-pigmentosa/>

<https://www.bad.org.uk/pils/hirsutism/>

<https://www.nhs.uk/conditions/hirsutism/>

Procedure & eligibility criteria

<https://www.bad.org.uk/pils/keloids/>

<https://patient.info/skin-conditions/keloid-leaflet>

Laser treatment of skin conditions

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

Funding will be found (subject to prior approval*) for patients with the following circumstances and meeting one of the following criteria:

- For port wine stains in people when lesions are located on the face and neck.
- For other types of haemangiomas/vascular birth marks located on the face and neck in people which, in the opinion of an appropriate medical specialist, is unlikely to resolve without treatment and for which the long-term cosmetic benefits of treatment are considered to outweigh any long-term cosmetic risks of treatment.

Funding will also be available in the following circumstances (for which prior approval should be sought before referral AND before any treatment is commenced*):

- For haemangiomas/vascular malformations in people that are located either on the face or on any other part of the body, which are causing significant functional problems (not only cosmetic concerns) for which, in the opinion of an appropriate medical specialist, laser treatment is considered to be the most suitable treatment option. (The application for prior approval must provide evidence of effectiveness of the proposed treatment.)
- The treatment of pilonidal sinus is not considered cosmetic and will be funded subject to prior approval

Laser treatment of other skin conditions for cosmetic reasons is not funded. (This includes removal of hair from any part of the body or face, removal of spider angiomas, removal of telangiectasias, treatment of rosacea, treatment of hidradenitis suppurativa, and any other skin conditions.)

* In all cases, before final approval for treatment can be given, a treatment plan must be submitted by the provider of laser therapy to indicate the maximum number of treatment sessions (and cost) that will be required to achieve a predicted level of result which would be acceptable to the patient (or patient's parent in the case of a young child). The treatment provider is responsible for ensuring that patient and parent expectations are realistic at the time of obtaining consent for the treatment. Once the agreed maximum number of funded treatment sessions has been reached, funding for any additional sessions required to achieve an acceptable result would be expected to be met by the treatment provider.

References

<https://www.bad.org.uk/pils/port-wine-stain/>

<https://www.bad.org.uk/pils/vascular-birthmarks/>

<https://www.nhs.uk/conditions/pilonidal-sinus/>

Tattoo removal/ Surgical correction of body piercings and correction of respective problems

Not funded

Procedure & eligibility criteria

Surgical treatment for removal of tattoos/surgical correction of body piercings and correction of respective problems is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Surgical treatment of pigeon chest/chest wall deformity

Not funded

This is considered a cosmetic procedure, however if surgery is for a clear clinical reason, such as significant impairment of cardiac or respiratory function, an IFR must be submitted for the ICB to consider funding.

References

https://www.england.nhs.uk/wp-content/uploads/2019/02/1675-Policy_Surgery-for-pectus-deformity.pdf

Non acute split ear lobe repair/refashioning

Not funded

Repair of split ear lobes is deemed to be cosmetic and does not meet the principles laid out in this policy.

National guidance is provided by the NHS modernisation agency's information for commissioners of plastic surgery services where it is recommended that repair of external ear lobes is only available on the NHS for the repair of totally split earlobes as a result of direct trauma.

References

https://bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=ba572cc3_2

Liposuction

Not funded

Liposuction (also known as liposculpture) is a surgical procedure performed to improve body shape by removing unwanted fat from areas of the body such as abdomen, hips, thighs, calves, ankles, upper arms, chin, neck and back. Liposuction is sometimes done as an adjunct to other surgical procedures, such as cancer procedures. Liposuction is not routinely commissioned.

This is because purely removal of unwanted fat from the above areas is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/liposuction/#:~:text=Liposuction%20is%20a%20cosmetic%20procedure,exercise%20and%20a%20healthy%20diet.>

Procedure & eligibility criteria

Labiaplasty

Not funded

A labiaplasty is a surgical procedure to reduce the size of the labia minora – the flaps of skin either side of the vaginal opening.

Surgery to reduce the size of the labia is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.nhs.uk/conditions/cosmetic-procedures/cosmetic-surgery/labiaplasty/>

Vaginoplasty

Not funded

Vaginoplasty is a reconstructive plastic surgery and cosmetic procedure for the vaginal canal and its mucous membrane, and of vulvo-vaginal structures that might be absent or damaged because of congenital disease (e.g., vaginal hypoplasia) or because of an acquired cause (e.g., childbirth physical trauma, cancer). The term vaginoplasty generally describes any such cosmetic reconstructive and corrective vaginal surgery, and the term neovaginoplasty specifically describes the procedures of either partial or total construction or reconstruction of the vulvo-vaginal complex.

Vaginoplasty is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC023.pdf>

Hymenorrhaphy

Not funded

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.

References

<https://www.legislation.gov.uk/en/ukpga/2022/31/part/5/chapter/2/crossheading/hymenoplasty-offences-england-and-wales/enacted>

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC023.pdf>

Rhinophyma (bulbous, red nose)

Not funded

Rhinophyma is a swelling of the nose. If the condition progresses, the nose becomes redder, swollen at the end and gains a bumpy surface which changes its shape. This swelling is because there is formation of scar-like tissue and the sebaceous glands (which produce oil on the skin) get bigger. Much more rarely, swellings can arise on other parts of their face such as the ears and chin.

Procedure & eligibility criteria

The condition is mainly seen in those who have rosacea, a rash that can affect the cheeks, forehead and nose (see rosacea leaflet for further information). Rhinophyma usually only develops in rosacea which has been active for many years. However, although rosacea affects woman more than men, rhinophyma is seen mainly in fair-skinned men aged 50 to 70 years.

Rhinophyma is deemed to be cosmetic and does not meet the principles laid out in this policy.

References

<https://www.bad.org.uk/pils/rhinophyma/>

Benign Meibomian Cysts (Chalazion) on the Eyelid(s)

Prior approval – To ensure the best outcomes, patients must have stopped smoking at least 4 weeks prior to referral.

This procedure involves incision and curettage (scraping away) of the contents of the chalazion. Chalazia (meibomian cysts) are benign lesions on the eyelids due to blockage and swelling of an oil gland that normally change size over a few weeks. Many, but not all, resolve within six months with regular application of warm compresses and massage.

Incision and curettage (or triamcinolone injection for suitable candidates) of chalazia should **ONLY** be undertaken if **at least ONE** of the following criteria have been met:

- Has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for 4 weeks.
- Interferes significantly with vision.
- Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy.
- Is a source of infection that has required medical attention twice or more within a six month time frame.
- Is a source of infection causing an abscess which requires drainage.
- If malignancy (cancer) is suspected (e.g. madarosis/ recurrence/other suspicious features) in which case the lesion should be removed and sent for histology as for all suspicious lesions.

References

<https://ebi.aomrc.org.uk/interventions/chalazia-removal/>

<https://cks.nice.org.uk/topics/meibomian-cyst-chalazion/>

5. Further advice and support

Children's Mental Health & Emotional Wellbeing Services

Compass Shine – Coventry

- **Support:** Early intervention for emotional wellbeing (ages 5–18, or up to 25 with SEND or care leaver status)
- **Services:** 1:1 counselling, group work, family support
- **Phone:** 02475 186206
- **Email:** CYPEIP@compass-uk.org

- **Website:** <https://compass-uk.org/services/compass-coventry-children-and-young-peoples-mental-health-service/>

Relationships Coventry & Warwickshire

- **Support:** 1:1 counselling for children affected by bullying, family breakdown, bereavement, etc.
- **Phone:** 02476 225863
- **Email:** info@relationshipsco.org
- **Website:** <https://www.relationshipscovandwarks.org/children+and+young+people>

Children’s Safeguarding & Protection

Local Authority Safeguarding Teams

- **Coventry Children’s Services:** 024 7678 8555
- **Coventry Email:** mash@coventry.gov.uk
- **Coventry Website:** <https://www.coventry.gov.uk/coventry-local-safeguarding-children-board>
- <https://www.coventry.gov.uk/childrens-social-care/coventrys-multi-agency-safeguarding-hub-mash>
- **Warwickshire Children’s Social Care:** 01926 414144
- **Warwickshire Website:** <https://www.safeguardingwarwickshire.co.uk/safeguarding-children>
- **For urgent concerns, contact the Emergency Duty Team (EDT) outside office hours:**
 - **Coventry EDT:** 024 7683 2222
 - **Warwickshire EDT:** 01926 886922
 - **If a child is in immediate danger, call the police on 999.**

School Nursing Services

Accessed via your child’s school or through the Family Health and Wellbeing Service:

- **Coventry Phone:** 024 7518 9190
- **Coventry Email:** swg-tr.contactschoolnursescoventry@nhs.net
- **Coventry Website:** <https://www.swft.nhs.uk/our-services/coventry-family-health-and-lifestyle-service-0-19-years>
- **Warwickshire Phone:** 03300 245 204
- **Warwickshire Email:** connectforhealth@compass-uk.org
- **Warwickshire Website:** <https://compass-uk.org/services/c4h/>

Children’s Online Safety & National Support

CEOP (Child Exploitation and Online Protection Command)

- **Report online abuse or exploitation:** www.ceop.police.uk

NSPCC

- **Helpline for parents and carers:** 0808 800 5000
- **Childline (for children):** 0800 1111
- **Email:** help@NSPCC.org.uk
- **Website:** www.nspcc.org.uk

Adult Mental Health & Wellbeing Services

Coventry and Warwickshire Mind – Adult Services

- **Support:** Mental health support, peer mentoring, recovery courses, and outreach for diverse communities.
- **Coventry Wellbeing Hub:** Wellington Gardens, Windsor Street, Coventry CV1 3BT
- **Coventry Phone:** 024 7622 4417
- **Coventry Email:** wbhub@cwmind.org.uk
- **Warwickshire Phone:** 0800 616171
- **Warwickshire Email:** support@wellbeingforwarwickshire.org.uk
- **Website:** www.cwmind.org.uk

Coventry and Warwickshire Mental Wellbeing Line

- **24/7 support** for anyone feeling low, anxious, or overwhelmed.
- **Phone:** 0800 616171
- **Warwickshire Website:** <https://wellbeingforwarwickshire.org.uk/>
- **Coventry Website:** <https://wellbeingforwarwickshire.org.uk/coventry-residents/>

Coventry and Warwickshire Safe Haven

- **Coventry and Warwickshire:** 024 7601 7200
- **Text:** 07790 777039 (Coventry) or 07852 010146 (Warwickshire)
- **Email:** support@cwsafehaven.org.uk
- **Website:** <https://cwsafehaven.org.uk/>

Relationships Coventry & Warwickshire

- **Support:** Individual counselling; depression, anxiety, stress, bullying, low-self-esteem or a recent or past trauma.
- **Phone:** 02476 225863
- **Email:** info@relationshipscoventryandwarwickshire.org
- **Website:** <https://www.relationshipscovandwarks.org/>

Adult Safeguarding & Crisis Support

Coventry Adult Safeguarding

- **Phone:** 024 7683 3003
- **Website:** <https://www.coventry.gov.uk/safeguarding-adults-1>

Warwickshire Adult Safeguarding

- **Phone:** 01926 412080

- **Website:** <https://www.safeguardingwarwickshire.co.uk/safeguarding-adults>

Adult National Support Services

- **Phone:** 0300 323 0169
- **Website:** <https://www.nationalbullyinghelpline.co.uk/cyberbullying.html>

6. References/Guidance

See references listed below each procedure.

7. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Treatments designed to improve aesthetic appearance		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Mike Caley
		Quality Approved:	Team Panel Members
Intended impact of scheme:	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for Treatments designed to improve aesthetic appearance supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.</p>		
How will it be achieved:	<ul style="list-style-type: none"> • This will set out a clear policy for the ICB's commissioning position, criteria and approval processes for Treatments designed to improve aesthetic appearance. • Publication & implementation of this policy. • Mapping electronic prior approval forms, where applicable, over to local policy. 		

Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	01.04.2025

Quality Review by:	Valerie Chin-You, Anna Crane, Micaela Loveridge, Sarah Chamberlain, Lee Hill
Position:	Panel Members
Date of Review:	19 06 2025

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement national evidenced based guidance which supports patients to receive clinically effective NHS funded treatment following NICE, NHS England's EBI guidance and best practice. This policy also references common cosmetic treatments where there is no evidence base to support commissioning, therefore the ICB is not exposing patients to				

					treatments that are not clinically appropriate.				
	Patient experience	✓			Policy to implement access for eligible patients who will be assured that they are accessing evidenced based practice to receive clinically effective NHS funded treatment. This policy also references common cosmetic treatments where there is no evidence base to support commissioning, therefore the ICB is not exposing patients to treatments that are not clinically appropriate.				
	Patient safety	✓			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/procedures to protect patients and maintain safety. This policy also references common cosmetic treatments where there is no evidence base to support commissioning, therefore the ICB is not exposing patients to treatments that are not clinically appropriate.				

	Parity of esteem	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, following NICE, NHS England's EBI guidance and best practice, where applicable. Where patients do not meet eligibility criteria due to the cosmetic nature of the treatment, the GP is advised, within the policy, to refer the patient to the appropriate mental health service as appropriate.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome. This policy also references common cosmetic treatments where there is no evidence base to support commissioning, therefore the ICB is not exposing patients to treatments that are not clinically appropriate.				
	Ensuring people have a	✓			Increased opportunity for				

	positive experience of care				eligible patients to access the services locally, and nationally, via patient choice.				
	Preventing people from dying prematurely			✓	Policy to implement national evidenced based guidance for eligible patients to receive NHS funded treatment.				
	Helping people recover from episodes of ill health or following injury	✓			Patients eligible for NHS funded treatments within this policy will help them recover from ill health related conditions, as detailed in the policy.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to implement national evidenced based guidance for eligible patients to receive NHS funded treatment.				
	Access to the highest quality urgent and emergency care			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE, NHS England's EBI guidance				

					and best practice.				
	Convenient access for everyone	✓			<p>This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when:</p> <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service. 				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	<p>Nationally patient engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing engagement continues.</p>				
	Patient Choice	✓			<p>This policy applies to all patients registered at an NHS Coventry and</p>				

					Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service. 				
	Patients are fully empowered in their own care	✓			Eligible patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NICE, NHS England's EBI guidance and best practice.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment within the Secondary Care and Community (where				

					applicable) services under patient choice.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first outpatient appointment • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service. 				
	Access	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients. The legal right to choose (RTC) provider and team apply when: <ul style="list-style-type: none"> • the patient has an elective referral for a first 				

					<p>outpatient appointment</p> <ul style="list-style-type: none"> • the patient is referred by a GP • the referral is clinically appropriate • the service and team are led by a consultant or a healthcare professional • the provider has a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service. 				
	Integration	✓			There is collaboration across the pathway at system level across primary, secondary care Secondary Care and Community (where applicable).				
Compliance with NHS Constitution	Quality of care and environment	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
	Nationally approved treatment/drugs	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NICE, NHS England's EBI guidance				

					and best practice. This policy also references common cosmetic treatments where there is no evidence base to support commissioning, therefore the ICB is not exposing patients to treatments that are not clinically appropriate.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NICE, NHS England's EBI guidance and best practice.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.

The policy for Treatments designed to improve aesthetic appearance supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Please see references for individual procedures.

The ICB also considered the following evidence in relation to Body Dysmorphic Disorder:

[Epidemiology of Body Dysmorphic Disorder and Appearance Preoccupation in Youth: Prevalence, Comorbidity and Psychosocial Impairment - ScienceDirect](#)

[committees.parliament.uk/writtenevidence/9015/pdf/](#)

[Analysis of BAAPS Audit 2004-2005](#)

[Recent advances in understanding and managing body dysmorphic disorder](#)

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

The ICB undertook a review of the prevalence of Body Dysmorphic Disorder (BDD) and found the following:

- [Epidemiology of Body Dysmorphic Disorder and Appearance Preoccupation in Youth: Prevalence, Comorbidity and Psychosocial Impairment - ScienceDirect.](#)

It was found that BDD was significantly more common among adolescents than children (1.9 vs 0.1%; OR = 22.5, $p < .001$). Approximately 70% of young people with BDD had psychiatric comorbidity, most commonly internalizing disorders. BDD was associated with self- and parent-reported psychosocial impairment, self-harm and suicide attempts, and service utilization. Appearance preoccupation was more common than full-syndrome BDD, but showed similar age and sex effects, patterns of comorbidity, and associated impairment.

- The parliamentary report; committees.parliament.uk/writtenevidence/9015/pdf/:
 - The recent prevalence survey on child and adolescent mental health¹ estimated the overall prevalence of BDD in 5 to 19 year olds was estimated at 1%, with it disproportionately affecting young women and girls aged 17-19 (5.6%).
 - The majority of people with BDD are not satisfied after the outcome of their chosen procedure. This can lead to a preoccupation with further surgery to try to get a better result, which in some cases will do more harm to a person's appearance and emotional wellbeing than good. Even when sufferers are happy with the improvement to one area, the focus of their BDD often moves to another area of their appearance. The key message here of course is that BDD is a psychological or psychiatric problem and thus needs psychological or psychiatric treatment, not treatments or interventions of a physical nature.
- The BMJ Mental Health study, recent advances in understanding and managing body dysmorphic disorder (<https://mentalhealth.bmj.com/content/ebmental/20/3/71.full.pdf>) states:
 - In a recent systematic review, the weighted prevalence of BDD was estimated to be 1.9% in community samples of adults and 5.8%–7.4% in psychiatric settings, highlighting the importance of clinical vigilance for the disorder.¹² Comparable rates have been found for adolescents, with prevalence estimates ranging from 1.7%–2.2%^{12 13} in the community and 6.7%–14.3% in psychiatric inpatient settings.¹² BDD has been shown to be more common in older adolescents,¹³ consistent with reports that the mean age of onset is around 16 years.¹⁴ No study to date has examined the prevalence of BDD in young people under the age of 12 years, thus it remains unclear how common BDD is in childhood.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of age.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

No data is available to determine the ability breakdown of people who present to the NHS to consider (or receive) aesthetic treatments.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of disability.

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

The Gender reassignment pathway is commissioned at a national level.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of Gender reassignment.

Marriage and civil partnership: A person who is married or in a civil partnership.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of whether the patient is married or in a civil partnership.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of whether the patient is pregnant or not.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of race.

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of religion or belief.

Sex: A man or a woman

This policy does not contain any statements which may exclude clinicians of the NHS

Coventry and Warwickshire Integrated Care Board from applying this policy.

The ICB undertook a review of the prevalence of Body Dysmorphic Disorder (BDD) and found the following:

- The British Association of Aesthetic Plastic Surgeons (BAAPS) [2023/24 audit reports](#) that women had 93% of all cosmetic procedures in 2023, on this basis it is likely that the majority of patients seeking ICB support will be women.
- The parliamentary report; committees.parliament.uk/writtenevidence/9015/pdf/ states:
 - The recent prevalence survey on child and adolescent mental health¹ estimated the overall prevalence of BDD in 5 to 19 year olds was estimated at 1%, with it disproportionately affecting young women and girls aged 17-19 (5.6%).
 - The majority of people with BDD are not satisfied after the outcome of their chosen procedure. This can lead to a preoccupation with further surgery to try to get a better result, which in some cases will do more harm to a person's appearance and emotional wellbeing than good. Even when sufferers are happy with the improvement to one area, the focus of their BDD often moves to another area of their appearance. The key message here of course is that BDD is a psychological or psychiatric problem and thus needs psychological or psychiatric treatment, not treatments or interventions of a physical nature.
- The BMJ Mental Health study, recent advances in understanding and managing body dysmorphic disorder (<https://mentalhealth.bmj.com/content/ebmental/20/3/71.full.pdf>) states:
 - With respect to sex differences in prevalence, findings have been inconsistent, with some studies suggesting that BDD is more common in females¹² and others indicating equivalent prevalence rates in both genders.¹³ These discrepancies may reflect methodological differences across studies including variation in the study setting, with higher female to male ratios typically found in community compared with clinical settings.¹² In this vein, there is some suggestion that subclinical BDD symptoms are more common in females but that the prevalence of diagnosable BDD is equivalent in both sexes.¹³ The features of BDD are broadly similar in males and females, but evidence suggests that males are more likely to be preoccupied with their genitals and thinning hair, while females are more likely to be preoccupied with hips, breasts, legs and excessive body hair.⁹ Thus, clinicians should be aware of potential differences in the clinical presentation of BDD in males and females.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of sex.

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of sexual orientation.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

This ICB policy applies to any patient wishing to receive aesthetic treatment regardless of whether they are a carer or not.

Other disadvantaged groups:

This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.

3. Human Rights

FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB), for which the ICB has commissioning responsibility.</p> <p>The policy for Treatments designed to improve aesthetic appearance supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.</p>
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential,

		clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
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N/A	N/A	N/A
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
N/A		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the recommendations and any changes to the proposal arising from the equality analysis.
N/A

6. How will you measure how the proposal impacts health inequalities?			
e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.			
You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.			
Requests will be managed on a prior approval basis by the IFR team. Activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.			
7. Is further work required to complete this assessment?			
Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).			
Work needed	Section	When	Date completed
N/A	N/A	N/A	N/A

8. Sign off		
The Equality Analysis will need to go through a process of quality assurance by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
Requirement	Name	Date
Senior Manager Signoff	Dr Michael Caley, Deputy CMO	28.04.2025
Which committee will be considering the findings and signing off the EA?		

Approved by the Policy Procedure and Strategy Assurance Group.		17/07/2025
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Once complete, please send to the ICB's Governance Team