



**Coventry and
Warwickshire**
Integrated Care Board

Treatments Designed to Improve Aesthetic Appearance Policy

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VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Contents

1. Policy Statement.....	4
2. Introduction.....	4
3. Policy.....	6

1. Policy Statement

- 1.1. 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

2. Introduction

- 2.1. This policy relates to procedures and treatments that are primarily aimed at improving aesthetic appearance - 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).
- 2.2. Compared to healthcare interventions that improve health and that save lives, the ICB considers cosmetic procedures to be of low priority when it comes to allocating limited NHS resources. However, it is recognised that cosmetic procedures may sometimes be justified to alleviate or improve a physical deformity that most people would recognise as being severely abnormal; or needed to improve the functioning of a body part, even if the surgery also improves or changes the appearance of that part of the body. This policy sets out principles and examples of eligibility criteria for funding treatment in such cases

Rationale

- 2.3. 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.

Scope

- 2.4. This policy 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, 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.
- 2.5. This policy applies to any and all procedures or treatments which are primarily aimed at improving aesthetic appearance (excluding the situations outlined above). It includes all the procedures and treatments listed below and in section 2.2, 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.
 - Female breast reduction (reduction mammoplasty)
 - Correction of breast asymmetry
 - Male breast reduction
 - Breast enlargement (augmentation mammoplasty)
 - Revision of breast augmentation
 - Face lifts and brow lifts (rhytidectomy)
 - Treatment for facial atrophy

- Surgery on the upper eyelid (upper lid blepharoplasty)
- Surgery on the lower eyelid (lower lid blepharoplasty)
- Surgery to reshape the nose (rhinoplasty)
- Correction of prominent ears (pinnaplasty / otoplasty)
- Correction of male pattern baldness
- Hair transplantation
- Correction of hair loss (alopecia)
- Abdominoplasty and other similar procedures for removal of excess skin from arms, legs and all other parts of the body
- Body contouring
- Treatment (including laser treatment) for telangiectasia, hirsutism, keloid scarring and acne scarring, including skin resurfacing techniques for acne and other scarring conditions
- Secondary care removal of benign skin lesions (including, but not limited to moles skin tags, sebaceous cysts, lipomata, warts, comedones, milia, molluscum contagiosum, seborrheic keratosis, neurofibromata, cysts, xanthelasma and benign pigmented naevi)
- Tattoo removal
- Surgical treatment of pigeon chest/chest wall deformity
- Non acute split earlobe repair/refashioning
- Any other treatments that are aimed at improving appearance

2.6. This policy applies to all service providers in secondary care and community care that carry out procedures to improve aesthetic appearance.

2.7. 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 before carrying out any cosmetic procedure (unless it is following trauma, burns, destructive surgery, cancer treatment or congenital malformation), even if the policy indicates that the procedure will normally be funded. Applications for prior approval under this policy should clearly state how the patient meets all the relevant policy criteria.

2.8. General practitioners should note the provisions of this policy before making a referral to secondary care 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 for an opinion only. In cases of doubt, prior approval should be obtained from the ICB before referral.

2.9. 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.

2.10. Patients who do not meet the eligibility criteria set out in this policy will not be offered NHS funding. However, if a clinician (General Practitioner or Consultant) and/or a patient believes that the individual clinical circumstances of their case makes them an exception to the policy, and merits funding on an exceptional grounds, the clinician will need to make an application in accordance with the ICB's policy for Individual Funding Requests. As such, 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 is significantly different to the general population of patients with the condition in question, 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 clinical stage).

- 2.11. 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.
- 2.12. 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 individual case funding will be agreed. Therefore, psychiatric referral should not be made solely to support an application for individual case funding.

Principles

- 2.13. The ICB Framework for Commissioning underpins development of this policy.
- 2.14. All decisions will be taken in the context of the overall financial position of the ICB.

3. Policy

- 2.15. The premise of the policy is that the ICB does not routinely fund cosmetic procedures unless the eligibility criteria in section 2.2 are met.
- 2.16. Also note that as explained in section 2.7 an **approval for funding in each case must be sought from the ICB before carrying out the treatment.** (This may be obtained before referral for the treatment if appropriate.)
- 2.17. The responsibility for presenting the information relevant to eligibility criteria rests with the 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.

2.18. General clinical eligibility criteria

2.18.1. 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.

2.18.2. 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 may not be replaced.)

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

2.18.4. Cosmetic surgery procedures will NOT be funded to alleviate psychological distress or dysfunction. Exceptions to this are unlikely (because 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, and therefore the co-existence of these factors cannot be considered as 'exceptional' in these cases).

2.18.5. 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. (In cases where children are reported to be being bullied or teased due to variations in appearance, there is an expectation that this should also be addressed vigorously with the child's school).

2.18.6. Surgical outcomes (e.g. wound healing, complications etc) can be adversely affected by smoking. To ensure the best outcomes, patients should have stopped smoking prior to referral for any treatments under this policy. Applications for prior approval under this policy should record smoking status. Smoking status should 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.

TABLE 1 – INDEX OF TREATMENTS

	Prior Approval reference	Page reference
Female breast reduction (reduction mammoplasty)	AES/PA/001	9
Correction of breast asymmetry	AES/PA/002	10
Male breast reduction for gynaecomastia	AES/PA/003	10
Breast enlargement (augmentation mammoplasty)		11
Revision of breast augmentation	AES/PA/004	11
Breast surgery following cancer treatment relating to an unaffected breast	N/A	12
Mastopexy	N/A	12
Face lifts (rhytidectomy)	N/A	12
Surgery on the upper eyelid (upper lid blepharoplasty) and brow lifts	AES/PA/005	13
Surgery on the lower eyelid (lower lid blepharoplasty)	AES/PA/006	13
Correction of prominent ears (pinnaplasty/otoplasty)		13
Abdominoplasty	AES/PA/007	13
Body contouring	N/A	14
(Benign skin lesions including sebaceous cysts)	N/A	14
Laser treatment of skin conditions	AES/PA/008	15

Tattoo removal	N/A	15
Surgical treatment of pigeon chest/chest wall deformity	N/A	16
Non acute split ear lobe repair/refashioning	N/A	16

2.2 Clinical eligibility criteria for specific procedures

Procedure	Guidance
<p>Female breast reduction (reduction mammoplasty)</p> <p>AES/PA/001</p>	<p><i>Note: this policy does not apply to gender reassignment cases or to therapeutic mammoplasty for breast cancer treatment or contralateral (other side) surgery following breast cancer surgery. The Association of Breast Surgery supports contralateral surgery to improve cosmesis as part of the reconstruction process following breast cancer treatment.</i></p> <p>Resection weights for bilateral or unilateral (both breasts or one breast) breast reduction should be recorded for audit purposes.</p> <p>Breast reduction surgery for cosmetic reasons is not funded.</p> <p>Breast reduction surgery is considered to be cosmetic unless breast hypertrophy is causing significant symptoms as indicated below.</p> <p>Breast reduction surgery will be funded for non-cosmetic indications for women aged 18 or older for whom growth is complete when ALL the following criteria (1-4) are met:</p> <p>1) SIGNIFICANT SYMPTOMS ARE PRESENT</p> <ul style="list-style-type: none"> • The woman 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). • Woman must be provided with written information to allow her to balance the risks and benefits of breast surgery.

Procedure	Guidance
	<ul style="list-style-type: none"> • Women should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking. • Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation. <p>2) THE BREAST HYPERTROPHY IS SEVERE</p> <ul style="list-style-type: none"> • Breast reduction planned to be 500gms or more per breast or at least 4 cup sizes. <p>3) THE PATIENT IS NOT OBESE.</p> <ul style="list-style-type: none"> • Body mass index (BMI) is <27 and stable for at least twelve months. <p>4) THE PATIENT IS NOT LESS THAN ONE YEAR POST DELIVERY OF A CHILD.</p>
<p>Correction of breast asymmetry</p> <p>AES/PA/002</p>	<p><i>Note: As stated above in the general introduction to the policy, this does not apply to cases where breast reconstruction is following treatment for cancer, or cases following trauma.</i></p> <p>Funding for breast asymmetry surgery will be funded in cases of gross asymmetry where ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Surgery can be approved for a difference of >150 gms size as measured by a specialist or a difference of cup sizes >2. • The plastic surgery team, in conjunction with the patient, will make the final clinical decision as to whether the patient should have reduction or augmentation to resolve the asymmetry (funding will be either for augmentation to one breast, or reduction of one breast in order to achieve a reasonable degree of symmetry.) • The plastic surgery team must confirm that they have discussed possible future complications with the patient, and have not given any assurances that NHS funding for further surgery or replacement implants will be available in the event of weight or breast changes in the future (including those following pregnancy), or in the event of complications such as capsular contracture (except for removal of implant in line with current policy). • The patient is aged 18 or over. • The BMI needs to be in the range >18 to <27 and stable for at least twelve months.
<p>Male breast reduction for gynaecomastia</p> <p>AES/PA/003</p>	<p>Surgery for gynaecomastia is not routinely funded by the NHS.</p> <p>This recommendation does not cover surgery for gynaecomastia caused by medical treatments such as treatment for prostate cancer.</p>

Procedure	Guidance
<p>Breast enlargement (augmentation mammoplasty)</p> <p>AES/PA/004</p>	<p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. As stated above in the general introduction to the policy, this does not apply to cases where breast reconstruction is following treatment for cancer, or cases following trauma. 2. This policy does not apply to gender reassignment cases <p>Breast augmentation is not funded.</p>
<p>Revision of breast augmentation</p> <p>AES/PA/005</p>	<p><u>Removal of breast implants</u></p> <p>Where there are significant complications from breast implants (such as severe pain or clinical risk from leaking or otherwise damaged implants), removal of implants will be funded, irrespective of the reasons for their original insertion. This includes removal for any of the following indications:</p> <ul style="list-style-type: none"> • Extrusion of implant through skin • Implants complicated by recurrent infection. • Implants with Baker Class IV contracture associated with severe pain (or implants with severe contracture that interferes with mammography) • Intra or extra-capsular rupture of silicone gel-filled implants <p>If any of the above criteria for removal of a breast implant is met unilaterally, patients will be offered the choice of removing both prostheses at the same time, with the intention of ensuring symmetry.</p> <p>Note that following will NOT be funded:</p> <ul style="list-style-type: none"> • Insertion of a new implant (unless the criteria specified below are met) • Correction of any asymmetry (other than removal of a contralateral implant, as specified above) • Mastopexy and other similar surgical procedures. <p><u>Replacement of breast implants</u></p> <p>Replacement of breast implants will be funded if removal is required for one of the reasons specified above AND the original procedure was funded by the NHS (either as part of treatment for breast cancer, or for other reasons, provided the original indication was broadly in line with the ICB's current policy for breast augmentation or correction of asymmetry).</p> <p>The replacement of privately funded breast implants, either unilaterally or bilaterally, is not funded.</p>

Procedure	Guidance
	Replacement with privately purchased prostheses is not allowed alongside NHS removal of implants.
Breast surgery following cancer treatment relating to an unaffected breast	Commissioned in accordance with guidelines within section 2.4 above.
Mastopexy	<u>Not funded</u>
Face lifts (rhytidectomy)	Face lifts and similar surgery, and related non-surgical treatments such as Botox and line filling, are not funded.
Surgery on the upper eyelid (upper lid blepharoplasty) and browlifts AES/PA/006	<p>These procedures will be funded to correct functional impairment as demonstrated by:</p> <ul style="list-style-type: none"> • Impairment of visual fields in the relaxed, non-compensated state. Objective evidence of this will be required. • 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. <p>Further advice:</p> <ul style="list-style-type: none"> • 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.
Surgery on the lower eyelid (lower lid blepharoplasty) AES/PA/007	This procedure will be funded for correction of ectropion or entropion or for the removal of lesions of the eyelid skin or lid margin.
Correction of prominent ears (pinnaplasty/otoplasty)	Not funded
Abdominoplasty AES/PA/009	<ul style="list-style-type: none"> • Abdominoplasty and similar procedures (apronectomy, panniculectomy, liposuction) for cosmetic or psychological reasons are not normally funded. • 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:

Procedure	Guidance
	<ul style="list-style-type: none"> • There must be documented evidence of clinical pathology (e.g. recurrent intertrigo which has led to ulceration requiring repeated courses of treatment for a minimum period of one year) or disability (e.g. 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: <p>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 be eligible for abdominoplasty or a similar cosmetic procedure on the NHS unless they meet these criteria</p>
Body contouring	<p>Not funded</p> <p>This includes any requests for implants as well as removal of tissue</p>
Benign skin lesions, including sebaceous cysts	<p>If, following a referral to secondary care, malignancy is no longer suspected (and if the lesion has not already been excised for diagnostic purposes), any further treatment should be in line with the policy set out below.</p> <p>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.</p> <p>Treatment of benign skin lesions, with no risk of malignancy or infection, is considered to be cosmetic and should not normally be referred or treated. This includes:</p> <ul style="list-style-type: none"> • Benign moles (excluding large congenital naevi). • Solar comedones. • Corn/callous. • Dermatofibroma. • Lipomas. • Milia.

Procedure	Guidance
	<ul style="list-style-type: none"> • 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). <p>The benign skin lesions, which are listed above, must meet <u>AT LEAST ONE</u> of the following criteria to be removed and prior approval should be obtained:</p> <ul style="list-style-type: none"> • 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. <p>The following are <u>outside</u> the scope of this policy:</p> <ul style="list-style-type: none"> • 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. <p>Referral to dermatology or plastic surgery:</p>

Procedure	Guidance
	<ul style="list-style-type: none"> • 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. • Requests for treatment where a patient meets the criteria do not require prior approval or an IFR. • This policy applies to all providers, including general practitioners (GPs), GPs with enhanced role (GPwre), independent providers, and community or intermediate services.
<p>Laser treatment of skin conditions</p> <p>AES/PA/010</p>	<p>Funding will be found (subject to prior approval*) for patients with the following circumstances and meeting one of the following criteria:</p> <ul style="list-style-type: none"> • 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 <p>Funding will also be available in the following circumstances (for which prior approval should be sought before referral AND before any treatment is commenced*):</p> <ul style="list-style-type: none"> • 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 <p>Laser treatment of other skin conditions for cosmetic reasons is not normally 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.)</p> <p><i>* 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</i></p>

Procedure	Guidance
	<i>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.</i>
Tattoo removal	Tattoo removal is not funded. It may be considered only if there are exceptional circumstances - any request would need to be made through the Individual Funding Request (IFR) process
Surgical treatment of pigeon chest/chest wall deformity	Not funded Considered a cosmetic procedure. Approval required if surgery is for a clear clinical reason such as significant impairment of cardiac or respiratory function
Non acute split ear lobe repair/refashioning	Not funded

	Latinos report higher levels of dissatisfaction when compared to those from African American, Indigenous Australian or Asian backgrounds. (Mayville et al, 1999; Poran, 2002; Ricciardelli et al, 2004; Yang et al, 2005 (http://link.springer.com/article/10.1007%2Fs11199-010-9831-1#page-2))	
Disability	<p>BDD as a disability in itself causes sufferers to feel anxiety related to their appearance. Due to the nature of this disability it would be sensible to suggest that sufferers may have a higher inclination to pursue aesthetic appearance procedures to try to alleviate the cause of their condition.</p> <p>In regard to other disabilities there is a lack of research surrounding those with physical disability and body image. However limited research has found that adolescents with disabilities had poorer scores on body and self-image sub-scale than able-bodied adolescents. (Cromer, Enrile, McCoy, Gerhardstern, Fitzpatrick and Judis (1990).</p>	Yes
Religion/ belief	There are some religions/beliefs e.g. Judaism in which elected cosmetic surgery (i.e. not medically necessary, purely cosmetic) is problematic as the religion advises that one should not tamper or wound the body.	No
Sexual orientation	There is little to no evidence suggesting that those of a particular sexual orientation are more or less likely to consider cosmetic surgery	No
Age	Evidence provided from clinics shows that increasing numbers of younger girls are opting for cosmetic surgery. Girls as young as 12 have had breast reduction operations. The policy does not permit surgery for those under 18 for the most part as it is recognised that body growth does not reach maturity until after the age of 18.	No
Social deprivation	There is little evidence to suggest a link or impact between social deprivation and aesthetic/cosmetic surgery.	No
Carers	There is little evidence to suggest a link or impact between someone's status as a carer and aesthetic/cosmetic surgery.	No
Human rights	Will this piece of work adversely impact on anyone's human rights?	No

			← ICB →		
Strand	Issue	Suggested action(s)	How will you measure the outcome/impact	Timescale	Lead
Gender	Females more likely to consider/go through with cosmetic surgery.	All decisions regarding aesthetic surgery are reached on clinical grounds	Monitor IFR requests for aesthetic surgery by gender	6 months	IFR Lead
Race			N/A	N/A	N/A
Disability	Body image related disabilities link to cosmetic/aesthetic surgery. Surgery will not be funded to alleviate psychological distress.	All decisions regarding aesthetic surgery are reached on clinical grounds	Monitor IFR requests for aesthetic surgery	6 months	IFR Lead
Age			N/A	N/A	N/A
Social deprivation			N/A	N/A	N/A
Carers			N/A	N/A	N/A