

GENERAL PRINCIPLES

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The policy does not include patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.
2. The CCG does not commission treatments and surgery for cosmetic purposes alone.
3. Funding approval must normally be secured by primary care prior to referring patients seeking treatment or corrective surgery. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
5. Where funding is granted by the Exceptional Funding Committee or Prior approval Panel, it will be available for a specified period of time, normally one year.
6. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
7. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition. Funding approval is for a referral for a secondary care clinician to assess the most suitable treatment which may or may not include a surgical procedure.
8. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
9. Patients who are smokers should be offered referral to smoking cessation services in order to reduce the risk of complications during and after surgery and improve skin healing. (Loof S., 2014)
10. Underlying medical conditions should have been investigated and the patient's condition optimised prior to referral for surgical interventions.