Scottish Government Health Directorates: Delivery Directorate
Access Support Team Division

The Scottish Government

Dear Colleague

Exclusion of Exceptional Aesthetic Procedures from the 18 Week Referral to Treatment Standard and Existing Waiting Times Milestones

CEL 30 (2009)

Date 2nd July 2009

Addressees

For action
Chief Executives (NHS Boards)
Medical Directors (NHS Boards)

Chief Executives (Operating Divisions)
Medical Directors (Operating Divisions)

Director (Information Services Division)

For information

Chief Executive (Golden Jubilee National Hospital)

Regional Directors of Planning

Chief Executive (NHS National Services Scotland)
Chief Executive (NHS QIS)
Chief Executive (NES)

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Summary

This letter is to inform Boards of agreement to exclude procedures from *The Exceptional Aesthetic Referral Protocol* (previously called *The Plastic Surgery Exceptional Referral Protocol* CCI, 2005) from the 18 Week Referral to Treatment Standard.

This also applies to stage of treatment targets for those new referrals covered by the protocol; (however, for those patients already on a waiting list, the stage of treatment target applies at the time they were listed).

Background

1. The *Exceptional Aesthetic Referral Protocol* contains a series of cosmetic procedures, which, as they are not treating an underlying disease, are not routinely available on the NHS, and can only be provided on an exceptional basis where there is clear evidence of benefit to the patient.

2. It is recognised that the procedures listed in the protocol can enhance the lives of patients who fulfil all the criteria. These are set out in the *Exceptional Aesthetic Referral Protocol.*

3. Members of the Plastic Surgery Task and Finish Group and Scottish Branch of the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) strongly advocate that patient focused holistic care for this cohort of patients can not be achieved within an 18 Week timeframe.

4. It is recognised that this patient group suffer from 'dis-ease', not a disease process, and as such, it may be detrimental to treat them within 18 Weeks; often they require time to consider and reflect on the ramifications of those procedures that can dramatically change their appearance.

5. The up-dated protocol applies to all specialties and clinicians undertaking procedures contained within the protocol (not just Plastic Surgery Departments) and should be adhered to in all circumstances.

INVESTOR IN PEOPLE
POSITIVE ABOUT DISABLED PEOPLE

Action

6. NHS Health Boards should amend their current policies in keeping with this guidance with immediate effect. Please ensure that the up-dated *Exceptional Aesthetic Referral Protocol* (enclosed) is applied to all specialties undertaking any of the procedures listed.

7. NHS Boards should also ensure that their CHPs persue an engagement process with General Practictioners to share this approach.

8. NHS Boards should periodically review the effectiveness of their application of this guidance, and record actual waiting times experienced by patients.

Yours sincerely

Mike Lyon
Deputy Director, Health Delivery Directorate

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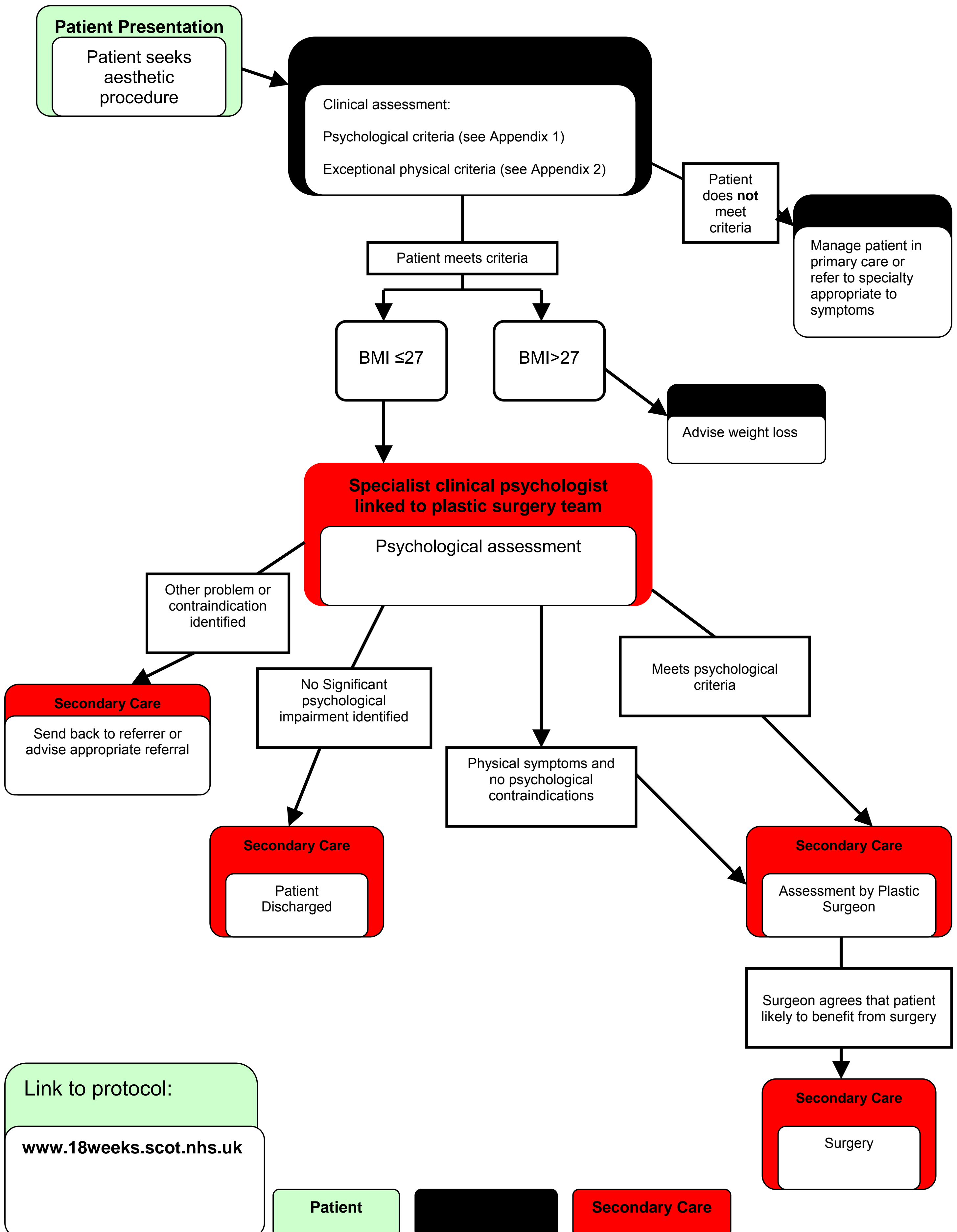
The Exceptional Aesthetic Referral Protocol
Revised - May 2009



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Appendix 1

Psychology Assessment Criteria for General Practitioners

1. Referral for aesthetic surgery on psychological grounds may be indicated if the patient presents with:

Significant and prolonged psychological distress
and associated impairment in functioning related to the perceived problem
and likely to benefit from aesthetic surgery.

2. Referral for aesthetic surgery is contra-indicated in the following circumstances:

- Patient has had a major life event in the previous 12 months particularly

marital / relationship breakdown
birth of a child
death of a close family member.

- Patient currently has:

a major depressive illness
an active delusional or schizophrenic illness
an eating disorder
obsessive-compulsive disorder
substance abuse problem.

- Patient has had an **episode of self-harm within the last two years.**

- Patient has been previously diagnosed with **body dysmorphic disorder.**

- Patient clearly has a **disproportionate view** of problem following **your examination.**

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Appendix 2

Physical Assessment Criteria for General Practitioners

Aesthetic surgery is not routinely offered by the NHS and can only be provided on an exceptional case basis in line with these guidelines.

The following procedures should only be referred after a clinical assessment when there is a symptomatic or functional requirement for surgery. All cases will be judged against agreed criteria on an individual basis. Referral for consideration does not necessarily mean that surgery will be offered and this should be communicated to the patient.

Procedures: not available on NHS for aesthetic reasons	**Exceptional Physical Criteria**
Body contouring: Abdominoplasty/Apronectomy, Liposuction, thigh/arm lift, excision of redundant skin/fat	• Severe, intractable intertrigo beneath the skin fold and massive weight loss (BMI≤27). • Significant weight loss following treatment for morbid obesity resulting in functional problems (BMI<27). • Lipodystrophy • Adjunct to reconstructive procedures
Excision of benign skin lesions (excluding genetic malformations)	• Diagnostic doubt • Significant risk of neoplasia • Lesions causing functional problems or significant disfigurement • Lesions prone to recurrent infection
Blepharoplasty	• Upper eyelid skin or associated structures interfere with the visual field.
Breast Augmentation	• Significant congenital asymmetry (> 1 cup size, BMI < 27) • As an adjunct to reconstruction • Post surgical asymmetry • Congenital aplasia in patients with a BMI > 20 • Poland's syndrome or significant chest wall deformity
Mastopexy	• Asymmetry (> 1 cup size; BMI < 27) • Tuberous Breast syndrome • As an adjunct to reconstruction
Breast Reduction	• To obtain symmetry following breast reconstruction • Hypertrophy/gigantomastia –massive disproportion to body size in a patient up to a BMI of 27 and physical symptoms e.g. back/neck pain and/or intertrigo. • Growth asymmetry (> 1 cup size) • It is generally inadvisable for patients < 18 years • Where the reduction mass is unlikely to be more than 500g per side, surgery will not be considered irrespective of perceived symptoms.

The Exceptional Aesthetic Referral Protocol
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Procedures: **not available on NHS for aesthetic reasons**	**Exceptional Physical Criteria**
Surgery for Gynaecomastia	• Patients should be referred for an assessment by an Endocrinologist in the first instance. • Cases of weight loss following morbid obesity creating functional problems. • May be available for males with a BMI up to 27 where there is excessive breast tissue.
Capsular contraction following aesthetic augmentation	• Replacement of silicon implants is not routinely available on the NHS unless the implant operation was performed in the NHS. • Patients may be assessed to rule out any underlying implant failure or breast disease. However, patients should be referred to the surgeon or clinic where their surgery took place in the first instance. • Patients may be offered the removal of implants if the implants are causing physical problems with everyday life or there is evidence of implant failure/complications.
Correction of congenital nipple inversion	• Acquired nipple inversion could be considered as suggestive of a more serious underlying pathology and requires referral to a breast surgeon. • Surgical correction of nipple inversion is not suitable for breast feeding as most procedures result in complete division of the lacteal ducts. This common condition may respond to non-surgical interventions. • There are now well-proven, non-operative ways of correcting inverted nipple by devices that can be obtained relatively cheaply commercially and are suitable for simple lack of nipple protrusion. • If the patient regards nipple inversion as a deformity, referral to a psychologist should be considered but only once a nipple suction device has been tried and failed.
Face or brow lift	• Facial palsy+/-field of vision being affected • Cutis laxa • Severe lipodystrophy • Severe post acne scarring • Congenital conditions such as malformations/neurofibromatosis • Functional problems following previous NHS surgery

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Revised - May 2009

Procedures: **not available on NHS for aesthetic reasons**	**Exceptional Physical Criteria**
Gender Identity Disorder	• The patient must be diagnosed and assessed by a specialist multi-disciplinary team. • Surgical gender genital operations should only be performed by a specialist surgeon. • Surgical ancillary procedures may be offered in consultation with the aforementioned specialist team.
Hair Transplantation	• Will only be considered in the circumstances of post traumatic/post infective alopecia or congenital conditions such as aplasia cutis.
Pinnaplasty	• Significant deformity up to the age of 18 years
Rhinoplasty	• Significant disfiguring post-traumatic deformity or functional problems following previous NHS surgery. • Congenital deformities such as a cleft lip and other facial anomalies or in patients with iatrogenic or disease related deformity of the nose. • Patients with associated airway problems may be referred to an ENT Consultant for assessment.
Tattoo removal	• The tattoo is the result of trauma inflicted against the patients' will or an adult who was a child under the age of consent and therefore not responsible for their actions at the time of tattooing. • Tattoos inflicted under duress during adolescence or disturbed periods where it is considered that psychological rehabilitation, break up of family units or prolonged unemployment could be avoided given the treatment opportunity (only considered in very exceptional circumstances where the tattoo causes marked limitations of psycho-social function).
Thread veins (excluding vascular anomalies)	The treatment of thread veins below the neck will not be undertaken. • Laser service may be available if significant problems are apparent to the face.
Cosmetic genital surgery	• If associated with functional problems

Lymphoedema is a disease process; patients with this condition should not be referred via The Exceptional Aesthetic Referral Protocol.

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