

NHS Wirral Clinical Commissioning Group
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Re: Freedom of Information Request

Thank you for your request for information made under the Freedom of Information Act 2000 which was received into this office on 2nd November 2016.

You asked for information on Plastic Reconstructive procedures:

We request the following information (a-f below) in regard to the list of procedures set out below.

A) Whether your commissioning group funds the procedures listed below;

The Individual Funding Request (IFR) Team who work on behalf of NHS Wirral Clinical Commissioning Group (CCG) process funding for the majority of the procedures listed in (Appendix 1 at the bottom of this letter) via the application of criteria specified by the Cheshire and Merseyside Commissioning Policy, 2014/21015. The most current Procedures of Limited Clinical Priority policy can be located on the CCG's website and I have included the link below to the relevant section:

<https://www.wirralccg.nhs.uk/About%20Us/PLCP.htm>

The following procedures are not included in the Cheshire and Merseyside Commissioning Policy Criteria, 2014/21015

- Procedure 6 would be funded routinely for patients undergoing surgery after cancer and so would not need an IFR.
- Procedure 20 is not included in the Cheshire and Merseyside Commissioning Policy however may be funded for patients on an individual basis upon receipt of an IFR based on clinical exceptionality.

B) If the procedures listed are funded, what inclusion and exclusion criteria exist for each procedure?

The inclusion and exclusion criteria for funding via the IFR route are detailed within the Cheshire and Merseyside Commissioning Policy Criteria, 2014/2015. The IFR team also consider funding based on a patient's clinical exceptionality defined as *"The patient has a clinical picture that is significantly different to the general population of patients with that condition and as a result of that difference; the patient is likely to derive greater benefit from the intervention than might normally be expected for patients with that condition."*

C) If a procedure is not listed does this mean it is funded?

If a procedure is not listed within the Cheshire and Merseyside Commissioning Policy, 2014/2015, it may be that the procedure is considered via an alternative route or via a contract held with NHS Wirral CCG.

D) If criteria exist how were these developed and what evidence base was used in the development of these criteria?

The commissioning policy was developed after rigorous review of current evidence and guidance and in collaboration with primary and secondary care colleagues.

As described within the introduction section of the Cheshire and Merseyside Commissioning Policy, 2014/2015 the existing criteria were developed on the basis that Cheshire and Merseyside CCGs have had regard to relevant legal obligations and national guidance, including their duties under the National Health Service Act 2006, the Health and Social Care Act 2012 and the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012; the Joint Strategic Needs Assessment; and relevant guidance issued by NHS England.

E) Was a plastic surgeon included in the process of developing the criteria?

Plastic surgeons were invited to comment and contribute at several stages of the development process.

F) If a procedure is not funded what if any means of challenge is available to the patient or their advocate?

In order to respond to this question, NHS Wirral Clinical Commissioning Group have made an assumption of 'not funded' to mean if the decision was declined and we have therefore based our answer in that regard.

If the patient (via their referring clinician) wishes to challenge a decision made following the IFR process that has been undertaken, an Appeal Panel may be convened. The appeal is to be made by the referring clinician indicating which of the following points is considered to be the grounds for appeal.

The Appeal Panel may consider appeals against the decision of the IFR Panel, and specifically whether:

- The original IFR Panel acted fairly and followed the CCG procedures and policies for commissioning Individual Funding Requests;
- The IFR Panel considered all relevant factors and did not take into account irrelevant factors;
- The IFR Panel made a 'reasonable' decision in the circumstances i.e. not irrational or perverse;
- There was any important relevant clinical information that the IFR Panel was not aware of when it made its decision.

Where there is additional information, complex clinical factors, or where further clinical advice/other specialist information is required before a decision could be fairly reached, the Appeal Panel will refer the case back to the IFR Panel for further consideration.

Appendix 1

Procedures

1. Body contouring surgery following massive weight loss including – abdominoplasty, mastopexy, brachioplasty, thigh lift.
2. Mastopexy (not post massive weight loss)
3. Breast reduction
4. Breast augmentation
5. Correction of breast asymmetry (developmental)
6. Correction of breast asymmetry (post mastectomy/ lumpectomy) including implant and nonimplant techniques
7. Rhinoplasty
8. Septorhinoplasty
9. Face lift
10. Correction of facial asymmetry both acquired (eg facial palsy, post cancer resection, post hemifacial atrophy), post traumatic and congenital including non-surgical (botulinum toxin and filler) and surgical correction, including facelift, browlift, eye lid surgery
11. Prominent ear correction
12. Correction of congenital ear deformities eg Microtia
13. Blepharoplasty
14. Excision of benign lesions eg. Congenital and acquired naevi
15. Liposuction
16. Scar revision
17. Use of Botulinum Toxin for hyperhidrosis
18. Laser therapy including- use for treatment of vascular and pigmented lesions use for skin resurfacing, use for treatment of scars
19. Surgical treatment of lymphoedema and lipoedema
20. Fat grafting for the correction of congenital or acquired contour deformity.
21. Surgery for the correction of rhinophyma
22. Excision of preauricular appendages, congenital naevi and other skins lesions in children

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