

# Bringing policies together across Cheshire and Merseyside

Supporting document



## About us

### Introduction

NHS Cheshire and Merseyside integrated care board (ICB) is responsible for planning NHS services for our area. This includes the care you receive at your GP practice, local pharmacy, NHS dentist, NHS optician, and at hospital.

We serve a population of over 2.7 million people across [Cheshire East](#), [Cheshire West](#), [Halton](#), [Knowsley](#), [Liverpool](#), [Sefton](#), [St Helens](#), [Warrington](#) and [Wirral](#).

We've been reviewing a number of policies for treatments and procedures, with consideration of the latest clinical evidence and local clinical expertise, and to ensure all patients have the same level of access. These are policies that cover things which often only benefit certain groups of patients in some particular medical circumstances. The policies set out when and often where these treatments and procedures should be used.

We're now in the third phase of the programme, which is looking at 25 draft policies.

### Background

NHS Cheshire and Merseyside was established in July 2022, taking on the responsibilities of nine former clinical commissioning groups (CCGs). When this happened, we inherited each CCG's commissioning policies. These policies set out the circumstances when treatments and procedures would be provided on the NHS. Many of these policies were old and not up to date with the latest medical evidence and guidance. Additionally, whilst some policies were the same or similar across all CCGs, there were differences between others. For a number of treatments and procedures, not all CCG areas had policies in place, meaning a variation of approach for patients living in different parts of Cheshire and Merseyside.

We've been reviewing the policies so that we can develop a single set that will apply to people across Cheshire and Merseyside – this is called the policy harmonisation process. It's a complex programme of work, which includes looking at the latest evidence-based clinical practice and research and considering the needs of our population.

### Progress so far

To date, a total of 84 policies have been harmonised and published – 49 during phase one of this programme, and a further 35 during phase two. As part of the process, we look at whether the harmonising policies would mean a change to the way that people experience or access a treatment and procedures. We found that this wouldn't be the case for the policies in phases one or two.

## What's happening now – phase three

As part of phase three of the programme, we have developed 25 new draft policies. In general, the changes being proposed as a result of the new policies are minor, however because they could potentially mean that the way people access care is different, NHS Cheshire and Merseyside is asking people to share their comments on the new policies before they are finalised.

The 25 draft policies, along with details of the proposed changes, are set out in the second half of this document. Once you've read the draft policies (or an individual policy, if you're just interested in commenting on one) you can visit our website to complete a questionnaire and share your views

<https://www.surveymonkey.com/r/NHSCM-CP3>.

The table on the next page provides an overview of all 25 policies. If you need a paper copy of the questionnaire, or you need information in a different format or language, you can get in touch with us using the contact details in the next section.

## Timescales and next steps

You can share feedback on the 25 proposed policies from 8 January until 19 February 2025.

Once the engagement period closes, responses will be collated and compiled into a report. These findings will be used to help us make a final decision about the policies. Once this has happened, we will then share further information with you. The best way to stay up to date with our work is to sign up for our monthly email update <https://www.cheshireandmerseyside.nhs.uk/latest/sign-up-for-updates/>

## Draft policies in phase three

Order	Policy Title	Category	Current Policy	Proposed Policy
1	Acne vulgaris secondary care treatment – <b>acne treatment in hospital</b>	Dermatology	Cheshire West, Page 19 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 19 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 19 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
2	Benign epididymal cyst surgical management - <b>surgical management of a non-cancerous cyst found on the testicle</b>	Urology	Cheshire West, Page 55/56 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 55/56 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, page 54 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
3	Benign prostatic hyperplasia-related bladder outlet obstruction - <b>surgical</b>	Urology	Merseyside*, Page 48/49 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 55 - <a href="#">place-cw-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>

	<b>referral for non-cancerous enlarged prostate</b>		Cheshire East, Page 55 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 53/54 - <a href="#">place-wir-plcp-july2024.pdf</a>	
4	Blepharoplasty and ptosis surgery – <b>eyelid surgery</b>	Ophthalmology	Merseyside*, Page 26/27 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 28/29 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 28/29 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 28/29 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
5	Breast symmetrisation surgery for breast asymmetry – <b>surgical treatment for the correction of breast size, difference</b>	Breast surgery	Merseyside*, Page 29/30 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 32/33 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 32/33 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 32/33 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
6	Correction of hair loss: alopecia areata and alopecia androgenetica – <b>hair loss treatments</b>	Aesthetics / Cosmetics	Merseyside*, Page 36-37 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 38-40 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 38-40 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 38-40 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
7	Femoroacetabular impingement syndrome, arthroscopic correction - <b>keyhole surgery for hip impingement</b>	Musculo-skeletal (MSK)	Merseyside*, Page 45-46 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 51 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 51 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 50-51 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
8	Gynaecomastia surgery - <b>Male breast reduction surgery</b>	Breast surgery	Merseyside*, Page 32 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 35 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 35 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 34 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
9	Hirsutism, hair removal treatments - <b>hair removal treatments</b>	Aesthetics / Cosmetics	Merseyside**, Page 32-33 - <a href="#">place-liv-cbct-july2024.pdf</a> Knowsley, Page 34, <a href="#">place-kno-cp-july2024.pdf</a> Cheshire West, Page 36-37 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 36-37 –	<a href="#">Proposed Policy</a>

			<a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 35-36 - <a href="#">place-wir-plcp-july2024.pdf</a>	
10	Hydrocele – surgical management (adults and children) - <b>Surgery for removal or repair of fluid filled sac around the testicle</b>	Urology	Cheshire West, Page 55 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 55 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 54 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
11	Male sterilisation - secondary care management - <b>male sterilisation in hospital</b>	Urology	Cheshire West, Page 54 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 54 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 53 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
12	NHS management of patient-funded treatment carried out privately – <b>correction of non-NHS procedures</b>	Non-speciality specific	Cheshire West, Page 59 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 59 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 58 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
13	Patellar tendinopathy injection into the patellar tendon – <b>Injection into the tendon attached to the kneecap</b>	Musculo-skeletal (MSK)	Cheshire West, Page 53 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 53 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 53 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
14	Pinnaplasty for prominent ear – <b>Surgery for the pinning back of the ear/s</b>	Plastic surgery	Merseyside* - <a href="#">Pinnaplasty Policy</a> Cheshire West, Page 21 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 21 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 21 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
15	Planned routine monitoring following privately funded bariatric surgery – <b>follow up treatments following non-NHS weight loss surgery</b>	Non-speciality specific	N/A	<a href="#">Proposed Policy</a>
16	Plantar fasciitis - surgical treatment – <b>Surgical treatment for inflammation of the sole of the foot</b>	Musculo-skeletal (MSK)	Merseyside*, Page 47 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 52 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 52 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 51-52 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>

17	Polymorphic light eruption treatment – <b>The treatment of skin rash triggered by sun light or artificial UV light</b>	Aesthetics / Cosmetics	Cheshire West, Page 19-20 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 52 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 51-52 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
18	Removal and/or replacement of silicone implants – <b>surgery to remove or replace breast implants</b>	Breast surgery	Merseyside*, Page 31-32 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 34 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 34 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 33-34 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
19	Reshaping the nose: surgical management to address cosmetic appearance or associated respiratory impairment – <b>surgery to reshape the nose</b>	Plastic surgery	Merseyside*, Page 23 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 22 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 22 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 22 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
20	Scars, surgical revision - <b>surgical treatment of scars</b>	Plastic surgery	Merseyside*, Page 33-35 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 37 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 37 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 37 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
21	Spinal decompression for low back pain and sciatica (adults aged 16 years and older) – <b>spinal surgery to treat trapped nerves in the lower back</b>	Musculo-skeletal (MSK)	Merseyside*, Page 41-43 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 46 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 46 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 46 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
22	Tattoo – laser removal - <b>tattoo removal</b>	Aesthetics / Cosmetics	Merseyside**, Page 35 - <a href="#">place-liv-cbct-july2024.pdf</a> Knowsley, Page 36, <a href="#">place-kno-cp-july2024.pdf</a> Cheshire West, Page 38 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 38 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 37 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
23	Treatment for scarring - <b>nonsurgical treatment for scars</b>	Aesthetics / Cosmetics	Merseyside*, Page 20-21 - <a href="#">place-liv-cbct-july2024.pdf</a>	<a href="#">Proposed Policy</a>

			Cheshire West, Page 17 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 17 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 17 - <a href="#">place-wir-plcp-july2024.pdf</a>	
24	Vaginal/uterovaginal prolapse - surgical management - <b>surgery for pelvic organ prolapse</b>	Obstetrics and gynaecology	Cheshire West, Page 25-26 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 25-26 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 25-26 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>
25	Viral warts, referral to secondary care - <b>hospital treatment for warts</b>	Dermatology	Merseyside*, Page 21-22 - <a href="#">place-liv-cbct-july2024.pdf</a> Cheshire West, Page 18-19 - <a href="#">place-cw-plcp-july2024.pdf</a> Cheshire East, Page 18-19 - <a href="#">place-ce-plcp-july2024.pdf</a> Wirral, Page 18-19 - <a href="#">place-wir-plcp-july2024.pdf</a>	<a href="#">Proposed Policy</a>

*\*Merseyside Policies – for this policy, when we talk about current Merseyside policies all areas (Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington) have the same policy criteria. Therefore, we have linked to Liverpool for ease. \**

*\*\*Merseyside Policies – for this policy, when we talk about current Merseyside policies we mean Halton, Liverpool, Sefton, St Helens & Warrington who all have the same policy criteria. Therefore, we have linked to Liverpool for ease. \*\**

## Some terms we use in this booklet

- **[Engagement](#)**  
A process of asking for and listening to views of different people and groups in order to shape and inform plans, policies, decisions or actions.
- **[Individual funding requests \(IFR\)](#)**  
When a clinician believes that their patient should have treatments, medicines or therapies funded by the NHS, when other patients with the same condition would not, they can make what is known as an Individual Funding Request (IFR), on behalf of a patient. In the draft policies below, you might see this referred to as being 'clinically exceptional'.
- **[National Institute for Health and Care Excellence \(NICE\)](#)**  
NICE produces guidance for the NHS and wider health and care system.  
[www.nice.org.uk](http://www.nice.org.uk)
- **[The Evidence-based Interventions \(EBI\)](#)**  
A programme led by the Academy of Medical Royal Colleges which reviews and produces guidance for test, treatments and procedures.  
[https://ebi.aomrc.org.uk](http://https://ebi.aomrc.org.uk)

## How to get involved or request printed materials.

### Questionnaire

Complete a short questionnaire at: [Clinical policies - share your views - NHS Cheshire and Merseyside](#) or scan the QR code which will take you straight to it.



You can also get in touch using the details below, if you'd like help completing the questionnaire or would prefer a paper copy.

Phone: 0151 295 3052

Email: [engagement@cheshireandmerseyside.nhs.uk](mailto:engagement@cheshireandmerseyside.nhs.uk)

Postal address:        Communications and Engagement Team  
                                 NHS Cheshire and Merseyside  
                                 No 1 Lakeside  
                                 920 Centre Park Square  
                                 Warrington  
                                 WA1 1QY

You can also use the above contact details if you require the information in alternative formats.

**Please note:** If completing the questionnaire online and commenting on more than one policy, please follow the steps below:

- You will only be able to comment on one policy at a time.
- Please answer questions on each policy in the order they appear in the list below - if you don't, you'll need to start the questionnaire again.



## Draft policy summaries

Please note:

- These summaries provide an introduction to each policy, and an overview of the proposed changes – you'll find a link to the full draft policy at the end of each summary.
- When we refer to under current 'Merseyside' policies this includes the following areas: Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington. For current 'Cheshire and Wirral' policies this includes the following areas: Cheshire East, Cheshire West and Wirral.
- Sometimes in the policy summary we use the phrase 'not routinely commissioned' this means that the treatment is not normally funded/available in NHS Cheshire and Merseyside and therefore patients will either only be able to receive treatment when certain conditions exist, or not at all.
- You will notice that not all areas of Cheshire and Merseyside currently have policies in place for the treatments/procedures listed below, so in some cases the draft policy we are proposing is not replacing an existing one. It's important to be clear that this doesn't mean that people living in these areas don't already receive care for a particular condition – they would still be referred to secondary care (hospital) by their GP if this was required, where the clinicians would work to the latest clinical evidence to decide on treatment. However, by making sure we have an updated set of policies that cover our whole population, we will be better able to make sure that in the future there is a consistent approach across Cheshire and Merseyside.

**Name of policy**

Acne Vulgaris Secondary Care Treatment

**Description**

Acne vulgaris is spots and oily skin on the face, back and chest. It is caused by blockage and inflammation of hair follicles and glands in the skin. Acne is most common during the hormonal changes of puberty and usually improves during adulthood.

Acne is extremely common and can usually be treated with simple treatments from the pharmacy or GP. Severe acne can cause scarring and psychological distress and may require treatment from a skin specialist (dermatologist). There are also rare types of acne that can cause a person to be disfigured or unwell (acne conglobate; nodulocystic acne; acne fulminans). This policy talks about the situations that a patient may need to see a skin specialist for more specific treatment.

**What changes are we proposing?**

In **Merseyside**, there is currently no policy. The proposed policy will therefore be new, but it is based on NICE guidance, which clinicians will already be following.

In **Cheshire and Wirral**, the proposed policy is similar to the existing policy, but does include some additional reasons why a patient would be referred to hospital, these include:

- Patients with a severe form of acne that causes them to become unwell (acne fulminans).
- Patients with continuing skin pigmentation (colouring). (This replaces the criterion that the patient is 'at risk of' skin pigmentation)
- Where the condition is causing or contributing to persistent psychological distress or a mental health problem.

In the 'core criteria' section of the existing Cheshire and Wirral policies is a statement that under-16s would be eligible for treatment to alter their appearance where conditions cause obvious psychological distress.

We propose to move this statement from the core criteria to the actual policy statement. The statement is now applicable to patients of all ages.

Patients can still make an Individual Funding Request in clinically exceptional cases.

**Why we think we need these changes**

The proposed policy has been based on the latest NICE guidance (released in 2021) so reflects the best approach for patients with this condition. and ensures all patients have the same access to treatments across Cheshire and Merseyside.

In **Cheshire and Wirral**, the change to the statement about conditions causing psychological distress for under-16s in favour of patients of all ages ensures that all patients are treated equally.

#### **Links**

Links to current policies: Cheshire West, Page 19-[place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 19 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 19 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Benign epididymal cyst surgical management

**Description**

An epididymal cyst (also known as a spermatocele) is a fluid-filled lump found on the testicle. They are usually harmless and do not require treatment, but in some men, surgery is considered if the cyst is causing functional problems or pain.

**What changes are we proposing?**

In **Merseyside**, there is currently no policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest clinical evidence which clinicians will already be following.

In **Cheshire and Wirral**, the proposed policy has been updated to say that diagnosis must be confirmed by an ultrasound. This could reduce / delay access for some patients whilst waiting for the confirmation. The proposed policy removes criteria around the size of the lump and impact on other structures in the testicle. It adds a statement that men can be offered surgery if they have functional problems associated with the cyst.

**Why we think we need these changes**

In **Merseyside** there was no policy previously, so introducing this policy will ensure that all patients have the same access to treatments across Cheshire and Merseyside.

In **Cheshire and Wirral**, the proposed policy is based on up-to-date clinical evidence, principally guidance from the British Association of Urological Surgeons.

**Links**

Links to current policies (Cheshire and Wirral only): Cheshire West, Page 55/56 - [place-cw-plcp-july2024.pdf](#)  
Cheshire East, Page 55/56 - [place-ce-plcp-july2024.pdf](#)  
Wirral, page 54 - [place-wir-plcp-july2024.pdf](#)  
Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Benign prostatic hyperplasia-related bladder outlet obstruction, surgical referral</p>
<p><b>Description</b></p> <p>The prostate is a small gland in the pelvis in men. It is located between the base of the penis, the bladder and the rectum.</p> <p>Benign prostatic hyperplasia (BPH) is a condition in which the prostate grows and presses on surrounding structures. This can cause difficulties with urination (passing water). BPH is extremely common in men as they get older, but not all will require surgery for it. Conservative treatments are usually tried first. These include changes to lifestyle and diet, and medication. For some patients, these treatments do not control the symptoms and surgery may be needed to reduce the size of the prostate. While surgery can help some people, it is not always effective and carries risks. The proposed policy therefore aims to ensure that surgery is only offered to men who are likely to benefit from it.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy is similar to the existing policies, however:</p> <ul style="list-style-type: none"> <li>• The proposed policy states that symptoms should be 'severe' for surgery to be considered. The previous policy required an International Prostate Symptom Score &gt;7, which indicates 'moderate' symptoms.</li> <li>• The proposed policy removes some specific criteria based on test results, such as prostate specific antigen (PSA) and urodynamic tests. In place of these criteria, it introduces a wider range of circumstances in which a patient might be considered for surgery and places more reliance on the judgement of the surgeon.</li> <li>• The proposed policy says that the particular type of surgery will be decided between the patient and surgeon, based on what is available and what is thought to be most suitable. The changes may mean that access to treatment is slightly reduced.</li> </ul>
<p><b>Why we think we need these changes</b></p> <p>The current policies are similar; however, some recommendations are no longer supported by the latest evidence, particularly the use of PSA and International Prostate Symptom Score in deciding suitability for surgery. Current best practice indicates that surgery should only be offered to patients with severe symptoms and those who are most likely to benefit.</p>
<p><b>Links</b></p> <p>Links to current policies: Merseyside*, Page 48/49 - <a href="#">place-liv-cbct-july2024.pdf</a>  Cheshire West, Page 55 - <a href="#">place-cw-plcp-july2024.pdf</a>  Cheshire East, Page 55 - <a href="#">place-ce-plcp-july2024.pdf</a>  Wirral, Page 53/54 - <a href="#">place-wir-plcp-july2024.pdf</a></p>

Link to [Proposed Policy](#)

**Name of policy**

Blepharoplasty and Ptosis surgery

**Description**

This policy covers when Blepharoplasty can be offered to patients. Blepharoplasty is also known as eyelid surgery; it is a procedure that involves removing excess skin or fat from the upper or lower eyelids. Blepharoplasty can be performed for cosmetic reasons, for people who are unhappy with the appearance of their eyelids. It can also be needed when the drooping of the eyelid causes functional problems.

Upper Eyelid Wick Syndrome is a condition in which the upper lid droops, causing problems with the flow of tears and watery eyes.

Ptosis is a condition in which the upper eyelid droops, sags or falls over the eye. The condition can limit vision or block it completely, depending how much the eyelid droops.

Patients with severe Ptosis and Upper Eyelid Wick Syndrome may benefit from Blepharoplasty. Blepharoplasty for purely cosmetic reasons is not normally commissioned by the NHS.

**What changes are we proposing?**

The existing policies were split into upper lid and lower lid Blepharoplasty and did not reference Ptosis. The changes to the proposed policy are:

- Combines upper and lower lid separate policies into one.
- Includes detail on Ptosis surgery and when it should be carried out.
- Includes measurements of the impact on the patient's vision, which have been developed by specialist clinicians.
- Includes consideration of treatment if a patient has upper Eyelid Wick Syndrome
- Confirms that surgery for thyroid eye disease is funded by NHS England rather than the ICB, so is no longer included in the policy.
- Includes confirmation that the policy applies to adults aged 18 and over because NHS England fund treatment for children and young adults aged 17 and under.

**Why we think we need these changes**

The proposed policy provides more clarity on when treatment is appropriate based on the latest clinical evidence. This includes measurements to test the patient's visual field and will ensure a consistent approach when offering surgery to patients.

**Links**

Links to current policies: Merseyside\*, Page 26/27 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 28/29 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 28/29 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 28/29 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

## **Name of policy**

Breast symmetrisation surgery for breast asymmetry

## **Description**

Breasts are considered asymmetrical when there is a noticeable difference in one breast's shape, size or where the nipple is positioned compared to the other breast.

## **What changes are we proposing?**

The title of the proposed policy has been changed from Augmentation Mammoplasty - Breast Enlargement to make it clearer that the treatment is for correction breast asymmetry which may include enlargement, reduction and / or mastopexy (uplift).

The proposed policy includes more detail in terms of the causes of asymmetry, making it clear when this surgery is appropriate.

In the existing policy the patient had to have a body mass index (BMI) under 25 -the proposed policy increases this to a BMI of 30.

The proposed policy also introduces a no-smoking clause so that this treatment **will only be provided to patients who have not smoked or used nicotine-based products for at least six months** – this includes e-cigarettes and nicotine replacement therapies.

The change in the BMI threshold may allow patients to receive treatment sooner as they don't need to lose as much weight. The no smoking clause would delay treatment for some patients whilst they stop smoking.

**For Cheshire and Wirral:** The proposed policy also introduces an age requirement to be over 18 years old which was included in the Merseyside policy.

## **Why we think we need these changes**

The policy has been updated and is based on the latest published evidence and in conjunction with breast surgeons from across Cheshire and Merseyside and Greater Manchester. In some, breast asymmetry was contained in both breast augmentation and breast reduction policies. This has been changed to have one specific breast asymmetry policy and a separate breast reduction policy.

Overall, the changes are minimal and are simply reflecting the latest evidence and clinical opinion.

The no smoking statement has been included in the proposed policy following feedback from local surgeons across the northwest.



Smoking and the use of nicotine-based products can increase risk of complications during surgery, (especially if a general anaesthetic is required) and after surgery when the wound is healing due to the impact nicotine has on blood vessels.

**For Cheshire and Wirral:** the introduction of the age limit means all patients would have the same access across Cheshire and Merseyside. The reason for including this is that surgery might not be appropriate for patients below 18 as their breasts may not have fully developed.

### **Links**

Links to current policies: Merseyside\*, Page 29/30 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 32/33 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 32/33 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 32/33 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Correction of hair loss: Alopecia areata and Alopecia androgenetica

**Description**

Alopecia areata is the medical name for patchy hair loss caused by chronic inflammation. It mostly occurs on the scalp but can affect hair on any part of the body. Recovery can sometimes happen without any treatment, but there are medications available, and some patients use wigs.

Alopecia androgenetica is the medical name for male and female pattern baldness, which is progressive hair loss in a distinctive pattern on the scalp. It is caused by both genetic and hormonal factors.

Hair loss in itself does not tend to cause physical health effects, but there may be a psychological impact and alopecia areata is linked to other inflammatory conditions.

**What changes are we proposing?**

The proposed policy is similar to the existing policies. All policies describe that treatment is not usually funded by Cheshire and Merseyside.

Additionally in **Merseyside** the proposed policy adds exclusions around surgery and trauma-related hair loss.

Also, in **Cheshire and Wirral** some current policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress. We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.

This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.

**Why we think we need these changes**

In **Merseyside**, the new exclusion criterion (surgical correction of hair loss as a result of trauma or burns) brings Merseyside into line with Cheshire.

In **Cheshire and Wirral**, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

**Links**

Links to current policies: Merseyside\*, Page 36-37 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 38-40 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 38-40 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 38-40 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Femoroacetabular impingement syndrome, arthroscopic correction</p>
<p><b>Description</b></p> <p>Femoroacetabular impingement (FAI) - also known as Hip impingement is a condition in which abnormalities of the hip joint cause pain, restricted movement and 'clicking' of the hip. Many people with hip impingement can be treated with conservative measures such as anti-inflammatory medication, but some patients benefit from surgery to correct the shape of the joint. Hip impingement usually occurs in younger adults and there is some evidence that it can lead to arthritis.</p> <p>This policy relates to arthroscopic surgery of the hip, which involves inserting a tube with a small camera into the joint to view and treat the abnormalities in the joint. It is generally agreed that this treatment is not suitable for people with established arthritis in the hip.</p>
<p><b>What changes are we proposing?</b></p> <p>The existing policies are similar to the proposed policy; however, the proposed policy includes an additional statement that there should be no evidence of arthritic changes to be eligible for this treatment.</p> <p>The latest evidence suggests that this surgery is not appropriate for these patients and therefore access to treatment will be reduced for these patients.</p>
<p><b>Why we think we need these changes</b></p> <p>The existing policies contained references that were at least 12 years old, and the policy has been updated following a review of the latest clinical guidance and research to ensure patients receive the best possible care and treatment.</p>
<p><b>Links</b></p> <p>Links to current policies: Merseyside*, Page 45-46 - <a href="#">place-liv-cbct-july2024.pdf</a>  Cheshire West, Page 51 - <a href="#">place-cw-plcp-july2024.pdf</a>  Cheshire East, Page 51 - <a href="#">place-ce-plcp-july2024.pdf</a>  Wirral, Page 50-51 - <a href="#">place-wir-plcp-july2024.pdf</a>  Link to <a href="#">Proposed Policy</a></p>

<p><b>Name of policy</b></p> <p>Gynaecomastia surgery</p>
<p><b>Description</b></p> <p>Gynaecomastia is a common condition that causes boys' and men's breasts to become larger than normal. It is usually caused by hormonal imbalances and is most common in teenage boys and older men. Although gynaecomastia does not itself usually cause health problems, it can be distressing. Treatments include hormonal treatments and weight loss. Surgery can also be used if these are ineffective but is not normally offered by the NHS.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy is similar to the existing policies and confirms that surgery for this condition is not usually funded by the NHS. Some additional text has been included to make the policy clearer and indicate that men with suspected cancer should be referred to the Breast Unit.</p> <p>Additionally in <b>Cheshire and Wirral</b> some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <ul style="list-style-type: none"> <li>• The policy is consistent with EBI (evidence-based interventions).</li> <li>• The policy was extensively reviewed by local breast surgeons from across Cheshire and Merseyside and Greater Manchester.</li> <li>• Overall, the changes are minimal and are simply reflecting the latest evidence and clinical opinion.</li> </ul> <p>In <b>Cheshire and Wirral</b>, the statement about in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.</p>

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

**Links**

Links to current policies: Merseyside\*, Page 32 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 35 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 35 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 34 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Hirsutism, hair removal treatments</p>
<p><b>Description</b></p> <p>Hirsutism is when a male pattern of hair growth occurs in women. It is a common condition, and the excessive hair growth is usually caused by a hormonal imbalance. It is often associated with polycystic ovary syndrome (PCOS). Women with hirsutism have thicker, darker hair in certain areas of the body, such as the face, chest and back. Many women with hirsutism can be successfully treated with hormone therapies and/or weight loss.</p> <p>The treatments that this policy refers to are light treatment, laser treatment or electrolysis (directing an electric current under the surface of the skin).</p>
<p><b>What changes are we proposing?</b></p> <p>In <b>Merseyside</b>, the proposed policy is similar to the existing policy, therefore there are no changes.</p> <p>In <b>Cheshire / Wirral and Knowsley</b> the proposed policy includes the following changes:</p> <p>Hair removal for patients with a hormone imbalance and severe facial hirsutism is no longer routinely commissioned.</p> <p>Additionally in <b>Cheshire and Wirral</b> currently, some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <p>In <b>Cheshire / Wirral and Knowsley</b> an updated review of the evidence found that electrolysis is painful and only effective over small areas. Laser and light therapy are better at removing larger areas of hair but may not work in the long-term. The evidence is particularly limited for people with facial hirsutism caused by PCOS.</p>

Additionally in **Cheshire and Wirral**, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial. In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

### **Links**

Links to current policies: Merseyside\*\*, Page 32-33 - [place-liv-cbct-july2024.pdf](#)

Knowsley, Page 34, [place-kno-cp-july2024.pdf](#)

Cheshire West, Page 36-37 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 36-37 –

[place-ce-plcp-july2024.pdf](#)

Wirral, Page 35-36 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)



<p><b>Name of policy</b></p> <p>Hydrocele – Surgical management</p>
<p><b>Description</b></p> <p>Hydrocele is a condition in which fluid collects around the testicle. This can cause swelling and discomfort in the scrotum, although there may be no symptoms at all. A communicating hydrocele is one where the fluid-filled sac in the scrotum is connected to the abdomen. In a non-communicating hydrocele there is no connection. The different types of hydrocele may be managed differently. Hydroceles are most common in men over 40 years but are also seen in boys. Most develop for no apparent reason, are harmless and can be left alone. If needed, a small operation can usually cure the problem. This policy describes the times when a patient might have surgery.</p>
<p><b>What changes are we proposing?</b></p> <p>In <b>Merseyside</b> there is currently no existing policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest clinical evidence base, which clinicians will already be following.</p> <p>In <b>Cheshire and Wirral</b>, the current and proposed policies both say that surgery is not normally funded for this condition, except under certain circumstances.</p> <p>The proposed policy does not differentiate between communicating and non-communicating hydrocele. It also increases the minimum age for surgery from 18 months to 2 years.</p> <p>The proposed policy differentiates between boys aged 2 to 16 years and men aged 17 years or more:</p> <ul style="list-style-type: none"> <li>• Surgery for boys is routinely commissioned with no criteria.</li> <li>• For men over 17 years, the policy requires that the diagnosis is confirmed by ultrasound and that the hydrocele is causing functional problems or pain.</li> </ul> <p>Unlike the current policy, the proposed policy says that suspected cancer is excluded from the policy.</p>
<p><b>Why we think we need these changes</b></p> <p>In <b>Merseyside</b>, there was no policy previously, so introducing this will ensure that all patients have the same access to treatments across Cheshire and Merseyside.</p> <p>In <b>Cheshire and Wirral</b>, the proposed policy is based on national guidelines and evidence, to ensure patients receive the best possible care and treatment. In particular:</p>

- The distinction between communicating and non-communicating hydroceles has been removed as it is no longer helpful for determining whether surgery should be commissioned. The patient's age and severity of symptoms are more important factors.
- The minimum age for surgery has been raised from 18 months to 2 years, as the evidence suggests that some hydroceles may still resolve between 18 months and 2 years.

**Links**

Links to current policies (Cheshire and Wirral only): Cheshire West, Page 55 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 55 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 54 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Male sterilisation - secondary care management

**Description**

A vasectomy is a surgical procedure to cut or seal the tubes (vas deferens) that carry sperm. The aim is a permanent loss of fertility, which means the patient and his partner cannot conceive.

In most cases, this can be done safely in primary care (GP practices) or by community providers under local anaesthetic.

In some cases, it is safer or more appropriate to do the procedure in secondary care (hospitals) and this policy details those circumstances.

**What changes are we proposing?**

In **Merseyside**, there is currently no policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest evidence which clinicians will already be following.

In **Cheshire and Wirral**, the existing policy covers male sterilisation under both local and general anaesthetic, the new policy focuses only on the times that a patient would go to hospital to have this procedure. The existing policy says that treatment under general anaesthetic is only funded under specific circumstances.

The proposed policy contains a wider list of circumstances when a patient could be sent to hospital for this treatment – namely if the patient has one of these conditions:

- History of strong sensitivity or reaction to local anaesthetic
- History of fainting easily
- A blood clotting disorder
- Previous refusal of the procedure with local anaesthetic
- There is difficulty assessing the vas deferens by physical examination
- Unusual scrotal sensitivity
- Previous scrotal surgery or injury
- An undescended testicle
- A hernia in the groin.

However, it confirms that the surgeon would make the decision about whether to use general or local anaesthetic on a case-by-case basis.

The proposed policy details very clearly the circumstances in which treatment at a hospital would be considered, whereas the current policy is more general and says the patient would have to submit an Individual Funding Request for consideration. The circumstances when a patient would have been granted funding in both policies are very similar and therefore there should be minimal changes for patients.

### **Why we think we need these changes**

In **Merseyside** there is currently no policy -introducing a policy will ensure all patients have the same access to treatments across the whole of Cheshire and Merseyside.

In **Cheshire and Wirral**, the changes reflect the latest evidence and make it clear when a patient might be sent to hospital for treatment, to ensure there is a consistent approach for all patients. It also means that the patient will be given the most appropriate anaesthetic for their needs.

### **Links**

Links to current policies (Cheshire and Wirral only): Cheshire West, Page 54 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 54 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 53 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

## Name of policy

NHS management of patient-funded treatment carried out privately

## Description

There are times when a patient decides to pay for treatment privately rather than have it through the NHS. This policy covers the times when a patient needs ongoing management after private treatment. This might be due to adverse effects or because the patient is not happy with the result, for example a patient requesting correction of surgery.

As stated on the [government website](#)\*, the patient should fund any additional costs linked to their privately funded treatment, however, patients requiring urgent treatment would be treated by the NHS.

\*[Guidance on NHS patients who wish to pay for additional private care](#)

## What changes are we proposing?

In **Merseyside** there is currently no existing policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the government advice which clinicians will already be following.

In **Cheshire and Wirral**, the existing policy and proposed policy are the same, however, the title has been updated from "Correction of Privately Funded Treatment."

Additionally in **Cheshire and Wirral** some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.

We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.

This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.

## Why we think we need these changes

In **Merseyside** there is currently no policy, so introducing this will ensure that all patients have the same access to treatments across Cheshire and Merseyside.

In **Cheshire and Wirral**, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

The title has been amended to NHS Management of Patient-Funded Treatment Carried out Privately. This is to make clear that it relates to any management of private treatment, not just correction of surgery.

**Links**

Links to current policies: Cheshire West, Page 59 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 59 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 58 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Patellar tendinopathy injection into the patellar tendon

**Description**

Patellar tendinopathy or tendonitis is commonly known as Jumper's Knee. It is characterised by inflammation in the knee and usually caused by overuse. Patients with patellar tendinopathy typically experience pain, swelling and stiffness in the knee.

For most patients, symptoms will subside with rest and simple treatments. Some patients require surgery. This policy relates to steroid injections for patellar tendinopathy, which should not be offered because there is a risk of tendon rupture and a lack of evidence that steroids work.

**What changes are we proposing?**

In **Merseyside** there is currently no existing policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest clinical evidence base which clinicians will already be following.

In **Cheshire and Wirral** there are no proposed changes: both the proposed policy and the existing policy state that steroid injections for patellar tendinopathy are not routinely commissioned.

**Why we think we need these changes**

In **Merseyside** there was no policy previously, so introducing this will ensure that all patients have the same access to treatments across Cheshire and Merseyside.

**Links**

Links to current policies: Cheshire West, Page 53 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 53 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 53 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Pinnaplasty for prominent ear

**Description**

Pinnaplasty is surgery to alter the appearance of the ears. It is usually performed when the ears stick out and can be used to change their size and shape. Pinnaplasty is usually performed on children and is most successful if it is done when the ear cartilage has fully formed.

**What changes are we proposing?**

In **Merseyside**, the current and proposed policies are similar and therefore will not change patient access.

In **Cheshire and Wirral**, the current policy allows surgery, where suitable, for children aged up to 18 years old, and does not define what ear prominence is. The proposed policy introduces an age bracket of 7 years to 18 years and includes a prominence measurement in the criteria that patients must meet to be eligible for surgery. This may reduce access for some patients.

Additionally for **Cheshire, Wirral and St Helens** we are including the example from the current Merseyside policy as to when surgery would be appropriate for those children that are being bullied/teased at school. The policy asks for written evidence from the headteacher (or equivalent), this will support the clinical assessment.

This may delay / reduce access for some patients.

**Why we think we need these changes**

In **Cheshire and Wirral**, the current policy is outdated, and the definition of ear deformity is unclear; the introduction of the measurement ensures consistency of treatment for patients. A minimum age has been added. This ensures that surgery is only offered to children when the ear cartilage has fully formed and minimises the risks of surgery.

Additionally in **Cheshire, Wirral and St Helens** the current policy does not provide any examples of what the impact of prominent ears might be for children. The Mersey example of bullying at school has been included in the new policy to demonstrate what might constitute 'psychological distress' and how that might be evidenced. This helps guide clinicians and ensures consistency of approach.

**Links**

Links to current policies: Merseyside\* - [Pinnaplasty Policy](#)

Cheshire West, Page 21 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 21 - [place-ce-plcp-july2024.pdf](#)



Wirral, Page 21 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Planned routine monitoring following privately funded bariatric surgery</p>
<p><b>Description</b></p> <p>Bariatric surgery is weight loss surgery for people who are severely obese. The surgery involves making changes to the digestive system, including making the stomach smaller. This results in reduced appetite and weight loss. After surgery, it is recommended by NICE<sup>1</sup> that 2 years' worth of follow up care is given to the patient. This includes monitoring their nutritional intake, medication reviews, dietary and nutritional advice, physical activity advice and psychological support.</p> <p>There are times when a patient decides to pay privately for their surgery rather than have it through the NHS. When patients decide to go abroad for private surgery, often the recommended follow-up care is not included. This policy covers the times when a patient is requesting this follow up care from the NHS after having surgery done privately.</p> <p>The patient should fund any additional costs linked to their privately funded surgery, however, patients requiring urgent or symptomatic treatment would be treated by the NHS.</p>
<p><b>What changes are we proposing?</b></p> <p>There is currently no policy in Cheshire and Merseyside, therefore this is introducing a new policy for these patients.</p> <p>This policy will confirm that Cheshire and Merseyside ICB will not fund routine follow up care for patients who have their bariatric surgery done privately.</p>
<p><b>Why we think we need these changes</b></p> <p>There is currently no policy, introducing a policy will ensure consistency of treatment for patients across the whole of Cheshire and Merseyside. This policy was developed with clinical colleagues across Cheshire and Merseyside.</p> <ul style="list-style-type: none"> <li>• This policy will result in NHS patients being prioritised and thus will support NHS waiting lists for weight loss surgery.</li> <li>• This policy will support our GPs who are being asked to support follow-up care for patients who have had their weight loss surgery done privately.</li> <li>• This policy position is in line with '<a href="#">NHS management of patient-funded treatment carried out privately</a>' policy – that has a not routinely commissioned position.</li> <li>• This policy will mean that there is less variation in treatment for patients across Cheshire and Merseyside.</li> </ul>
<p><b>Links</b></p>

<sup>1</sup> [Quality statement 6: Follow-up care after bariatric surgery | Obesity: clinical assessment and management | Quality standards | NICE](#)

Links to current policies: N/A

Link to [Proposed Policy](#)

**Name of policy**

Plantar fasciitis- surgical treatment

**Description**

Plantar fasciitis is pain in the sole of the foot, caused by inflammation and degeneration of the tissues of the foot. Pain tends to be concentrated in the heel and can cause difficulties walking. Plantar fasciitis is caused by overuse, injury and mechanical abnormalities of the foot. It is common, particularly in older people, people who are obese, and people who are often on their feet, such as teachers and police officers.

For most people, plantar fasciitis gets better by itself or with simple treatments, such as pain relief, insoles, heel pads, stretching and weight loss. For those who still have symptoms after trying simple treatments, surgery can be considered.

**What changes are we proposing?**

The existing Cheshire and Merseyside policies are similar and specify three months of conservative treatment must have occurred. The proposed policy now asks that these treatments have been trialled for six months before considering surgery, and an additional requirement that the patient must have a Body Mass Index (BMI) below 30.

This means that access to surgical treatment would be delayed for patients, however, it could also mean that more patients will recover without surgery during the extra three months.

**Why we think we need these changes**

The proposed policy has been updated following a review of the latest clinical guidance and research to ensure patients receive the best possible care and treatment. Clinical guidance published in 2018 recommends that conservative treatment is tried for 6 months.

**Links**

Links to current policies: Merseyside\*, Page 47 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 52 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 52 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 51-52 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Polymorphic light eruption treatment

**Description**

Polymorphic light eruption (PLE) is a common skin rash triggered by sunlight or artificial ultraviolet (UV) light.

PLE can usually be managed by avoiding strong sunlight and wearing high factor sunscreen. If you do develop a rash, this may be treated with anti-inflammatory creams or tablets (steroids); or anti-allergy tablets (antihistamines).

The treatment that this policy refers to is light desensitisation therapy. This involves gradually exposing the skin to UVA (long-wave) or UVB (short-wave) light over a series of appointments which can build up the skin's resistance to sunlight. Sometimes UVA treatment is combined with a drug called psoralen (PUVA).

**What changes are we proposing?**

In **Merseyside** there is currently no policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest clinical evidence which clinicians will already be following.

In **Cheshire and Wirral**, the proposed policy is similar to the existing policy, however, there are two proposed changes:

- The proposed policy removes UVA light treatment as a treatment due to changes in the evidence base.
- Additionally in **Cheshire and Wirral** some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.

We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.

This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.

**Why we think we need these changes**

In **Merseyside** there is currently no policy – introducing a policy will ensure all patients have the same access to treatments across the whole of Cheshire and Merseyside.

In **Cheshire and Wirral**, overall, the changes are minimal and are simply reflecting the latest evidence or making the wording clearer. The proposed changes are designed to make sure that only patients who will benefit from light therapy will receive it.

UVA will no longer be provided as evidence shows that UVB treatment is more effective and has fewer side-effects.

The statement about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate treatment if other care, including psychological support, may be more beneficial.

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

### **Links**

Links to current policies (Cheshire and Wirral only): Cheshire West, Page 19-20 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 52 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 51-52 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Removal and/or replacement of silicone implants (revision of breast augmentation)</p>
<p><b>Description</b></p> <p>Silicone implants are commonly used to increase the size of breasts, or for reconstruction after removal of the breast tissue e.g. following treatment for cancer. There are situations when these implants will need to be replaced or removed.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy includes more detail around when the removal of silicone implants would be appropriate. The proposed policy also introduces a no-smoking clause so that this treatment <b>will only be provided to patients who have not smoked or used nicotine-based products for at least six months</b> – this includes e-cigarettes and nicotine replacement therapies.</p> <p>It also includes details of when the limitations of this policy won't apply e.g. suspected cancer, cancer treatment, and medical emergency for smokers.</p>
<p><b>Why we think we need these changes</b></p> <p>The policy is based on the latest published evidence and current pathways in conjunction with breast surgeons from across Cheshire and Merseyside and Greater Manchester.</p> <p>The no smoking statement has been included in the proposed policy following feedback from local surgeons across the north west.</p> <p>Smoking and the use of nicotine-based products can increase risk of complications during surgery, (especially if a general anaesthetic is required) and after surgery when the wound is healing due to the impact nicotine has on blood vessels.</p>
<p><b>Links</b></p> <p>Links to current policies: Merseyside*, Page 31-32 - <a href="#">place-liv-cbct-july2024.pdf</a>  Cheshire West, Page 34 - <a href="#">place-cw-plcp-july2024.pdf</a>  Cheshire East, Page 34 - <a href="#">place-ce-plcp-july2024.pdf</a>  Wirral, Page 33-34 - <a href="#">place-wir-plcp-july2024.pdf</a>  Link to <a href="#">Proposed Policy</a></p>

<p><b>Name of policy</b></p> <p>Reshaping the nose: surgical management to address cosmetic appearance or associated respiratory impairment</p>
<p><b>Description</b></p> <p>Rhinoplasty and septoplasty are surgeries performed to change the shape or size of the nose. Rhinoplasty and septoplasty may be performed to correct deformity or relieve blockages which cause problems with breathing. They can also be performed to improve the appearance of the nose but are not usually commissioned by the NHS for this purpose.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy is similar to the existing policies, but the following changes have been made based on the latest clinical evidence:</p> <ul style="list-style-type: none"> <li>• The proposed policy includes the Cheshire / Wirral criteria that deformity from trauma or cancer treatment would be considered for surgery, this is not in the current Merseyside policy.</li> <li>• It includes confirmation that surgical management of cleft lip and palate is funded by NHS England rather than the ICB.</li> </ul> <p>It now confirms that treatment of dermoid cysts (a growth that is present at birth) in children, when performed as part of planned care, is considered separately from this policy.</p> <p>Additionally in <b>Cheshire and Wirral</b> some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <p>The proposed policy includes deformity from trauma or cancer to ensure consistency for all patients and has removed the statement that includes surgical management for patients with cleft lip and palate, as this surgery is commissioned by NHS England.</p> <p>The confirmation that treatment of dermoid cysts would be considered separately from this policy was included following feedback from one of the local plastic surgeons.</p>



In **Cheshire and Wirral**, the statement in existing policies about conditions causing psychological distress for under 16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

### **Links**

Links to current policies: Merseyside\*, Page 23 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 22 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 22 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 22 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Scars, surgical revision</p>
<p><b>Description</b></p> <p>Scar revision surgery is a treatment to reduce the appearance of scars, which are marks left on the skin after a wound heals. This is carried out to improve the appearance of a scar or to address pain or functional problems. The appearance of most scars improves over time and surgery carries a risk of making the scar worse. There is also a possibility that symptoms could return some time after surgery. This policy aims to offer surgical revision of scars only to patients who are likely to benefit from it.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy is similar to the existing policy, however it includes the need to wait for two years before treatment, for scars that are not being treated as part of a reconstruction process. In addition, it confirms that a patient with scars as a result of cancer treatment would be able to have surgery.</p> <p>Also, in <b>Cheshire and Wirral</b> currently some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <p>In the proposed policy a two year delay has been added before treatment should be given, this is to allow the scar to settle and heal naturally to be sure surgery is required. The addition of treatment for scars following cancer treatment was included following feedback from local plastic surgeons as this is current practice.</p> <p>In <b>Cheshire and Wirral</b>, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.</p>

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

**Links**

Links to current policies: Merseyside\*, Page 33-35 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 37 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 37 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 37 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Spinal decompression for low back pain and sciatica policy (adults aged 16 years or older)</p>
<p><b>Description</b></p> <p>Spinal decompression is a type of surgery used to treat compressed nerves in the lower spine (lumbar region). Nerve compression can cause the symptoms associated with sciatica, including persistent back and leg pain. Spinal decompression surgery is usually recommended when it is clear that symptoms are being caused by nerve compression and when non-surgical treatments have not provided sufficient relief. This policy describes when patients should be offered spinal decompression surgery.</p>
<p><b>What changes are we proposing?</b></p> <p>The proposed policy position is similar to the existing policies, with the following changes:</p> <ul style="list-style-type: none"> <li>• The new policy says that non-surgical treatment (for example, exercise or painkillers) should have been trialled for three months before considering surgery. There are no timeframes for non-surgical treatment in the existing policies.</li> <li>• The new policy says that it only applies to patients 16 years or older. This is to achieve consistency with NICE guidance.</li> <li>• The new policy says that patients with neurological symptoms (such as weakness) would be considered outside of this policy.</li> </ul> <p>The new requirement that patients try three months of non-surgical treatment means that some patients may experience a delay in treatment.</p>
<p><b>Why we think we need these changes</b></p> <p>The proposed policy has been updated following a review of the latest clinical guidance and research to ensure patients receive the best possible care and treatment. Specifically, the policy has been brought into line with NICE and EBI guidance.</p>
<p><b>Links</b></p> <p>Links to current policies: Merseyside*, Page 41-43 - <a href="#">place-liv-cbct-july2024.pdf</a>  Cheshire West, Page 46 - <a href="#">place-cw-plcp-july2024.pdf</a>  Cheshire East, Page 46 - <a href="#">place-ce-plcp-july2024.pdf</a>  Wirral, Page 46 - <a href="#">place-wir-plcp-july2024.pdf</a>  Link to <a href="#">Proposed Policy</a></p>

<p><b>Name of policy</b></p> <p>Tattoo – laser removal policy</p>
<p><b>Description</b></p> <p>Laser treatment can be used to remove unwanted tattoos. A laser is directed at the tattoo to gradually break down the ink and treatment takes place over a number of sessions.</p>
<p><b>What changes are we proposing?</b></p> <p>In <b>Merseyside (excluding Knowsley)</b> the existing and proposed policy are the same and therefore there is no change.</p> <p>In <b>Cheshire, Wirral and Knowsley's</b> existing policies, this treatment is funded in specific circumstances, however, the proposed policy confirms that this treatment will no longer be routinely provided. These changes are based on a review of the latest evidence and the policy positions of neighbouring integrated care boards (ICBs).</p> <p>This means access to treatment is potentially slightly reduced, but patients can still make an Individual Funding Request in clinically exceptional cases.</p> <p>Additionally in <b>Cheshire and Wirral</b>, some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <p>In <b>Cheshire, Wirral and Knowsley</b>, removal of tattoos is rarely funded by the NHS. The existing inclusion criteria is based on guidance that was not intended for typical use in the NHS. They should be used as considerations in exceptional cases, not as routine commissioning criteria.</p> <p>Additionally, in <b>Cheshire and Wirral</b> the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.</p>

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

### **Links**

Links to current policies: Merseyside\*\*, Page 35 - [place-liv-cbct-july2024.pdf](#)

Knowsley, Page 36, [place-kno-cp-july2024.pdf](#)

Cheshire West, Page 38 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 38 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 37 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

<p><b>Name of policy</b></p> <p>Treatment for scarring</p>
<p><b>Description</b></p> <p>A scar is a mark on the skin after a wound or injury has healed. Laser treatments and chemical peels (also called skin resurfacing) remove the upper layer of the skin to make scars less visible and smoother. As they are used to improve the appearance of scars, they are usually considered cosmetic treatments.</p>
<p><b>What changes are we proposing?</b></p> <p>The existing policies are quite similar to the proposed policy; however, the proposed policy no longer recommends this treatment for scarring caused by chicken pox. It also adds a requirement that acne must have cleared up at least 12 months prior to treating scarring. This is because the appearance of scarring may reduce over time.</p> <p>There is a slight reduction in access to treatment with the removal of chicken pox scarring as a consideration, and the additional 12-month waiting time for acne scarring.</p> <p>Additionally, in <b>Cheshire and Wirral</b>, some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.</p> <p>We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.</p> <p>This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.</p>
<p><b>Why we think we need these changes</b></p> <p>The proposed policy reflects updated NICE guidance, published in 2021, and ensures that patients will receive the most appropriate treatment for these conditions.</p> <p>In <b>Cheshire and Wirral</b>, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.</p>

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

**Links**

Links to current policies: Merseyside\*, Page 20-21 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 17 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 17 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 17 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)



<p><b>Name of policy</b></p> <p>Vaginal/Uterovaginal Prolapse - surgical management</p>
<p><b>Description</b></p> <p>Vaginal / Uterovaginal prolapse is where one or more of the organs in the pelvis slip down from their normal position and bulge into the vagina. Prolapse can involve the bladder, bowel, uterus (womb) or the top of the vagina. It happens when pelvic floor muscles stretch and weaken until they no longer provide enough support. The weakening of the pelvic floor can occur for many reasons but is most commonly caused by increasing age; pregnancy and childbirth; being overweight; heavy lifting; and some health conditions. Women with prolapse experience a range of symptoms, including problems urinating, sexual dysfunction and pain.</p> <p>There are many non-surgical treatments for prolapse which should be tried before surgery; however, this policy describes when a patient might be considered for surgery.</p>
<p><b>What changes are we proposing?</b></p> <p>In <b>Merseyside</b> there is currently no policy. The proposed policy will therefore be new but is likely to reflect current practice as it is based on the latest clinical evidence which clinicians will already be following.</p> <p>In <b>Cheshire and Wirral</b>, the existing policies are similar to each other and to the proposed policy.</p> <ul style="list-style-type: none"> <li>• The new policy no longer specifies the non-surgical options available. It states instead that women should be offered the options recommended by the NICE guidance on prolapse.</li> <li>• The proposed policy also adds a NICE recommendation that the final decision for surgery should be made by a multidisciplinary team (a team of health professionals).</li> <li>• This may mean that access to surgical treatment would be delayed for some patients.</li> </ul>
<p><b>Why we think we need these changes</b></p> <p>In <b>Merseyside</b> there is currently no policy -introducing a policy will ensure all patients have the same access to treatments across the whole of Cheshire and Merseyside.</p> <p>In <b>Cheshire and Wirral</b>, the proposed policy has been updated following a review of the latest clinical evidence to ensure patients receive the best possible care and treatment.</p>

**Links**

Links to current policies: Cheshire West, Page 25-26 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 25-26 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 25-26 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

**Name of policy**

Viral Warts, referral to secondary care

**Description**

Viral warts are small non-cancerous growths on the skin usually caused by the common human papilloma virus (HPV). They can appear anywhere on the body. For most people warts are harmless and will heal themselves over a period of months or years. Sometimes warts require treatment by a patient's GP, for example, when they are painful or are growing on the face.

This policy talks about when viral warts need treatment by the GP and the rare situations that a patient may need to be sent to a hospital for more specific treatment. Treatments for viral warts include salicylic acid (a medicine applied to the skin) and cryotherapy (which involves freezing the skin).

**What changes are we proposing?**

The proposed policy is similar to the existing policies in Cheshire, Wirral and Merseyside but now contains some minor changes, including the recommendation that topical salicylic acid or cryotherapy can be offered for warts that are painful, unsightly or persistent. The criteria for referral to a dermatologist remain similar to the previous policy.

In **Cheshire and Wirral** currently, some existing policies, including this one, make under-16s eligible for treatment to alter their appearance where conditions cause obvious psychological distress.

We propose removing this statement, so that it can be looked at separately for each policy, where relevant. This allows the risks and benefits of treatment and the evidence of impact on specific groups to be considered.

This means that under 16s who may have been able to have this treatment under the existing policies may now not be able to access treatment because other medical care may be more suitable. Patients can still make an Individual Funding Request in clinically exceptional cases.

**Why we think we need these changes**

Minor changes have been made to ensure the policy is in line with the evidence base, in particular guidance from the British Association of Dermatologists.

In **Cheshire and Wirral**, the statement in existing policies about conditions causing psychological distress for under-16s has been removed to enable a more individual and

complete review of the patient and avoid inappropriate surgery if other treatments, including psychological support, may be more beneficial.

In addition, patients of all age groups can suffer with psychological distress. NHS Cheshire and Merseyside aims to give equal access to treatments to all patients and communities.

### **Links**

Links to current policies: Merseyside\*, Page 21-22 - [place-liv-cbct-july2024.pdf](#)

Cheshire West, Page 18-19 - [place-cw-plcp-july2024.pdf](#)

Cheshire East, Page 18-19 - [place-ce-plcp-july2024.pdf](#)

Wirral, Page 18-19 - [place-wir-plcp-july2024.pdf](#)

Link to [Proposed Policy](#)

*\*Merseyside Policies – for this policy, when we talk about current Merseyside policies all areas (Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington) have the same policy criteria. Therefore, we have linked to Liverpool for ease. \**

*\*\*Merseyside Policies – for this policy, when we talk about current Merseyside policies we mean Halton, Liverpool, Sefton, St Helens & Warrington who all have the same policy criteria. Therefore, we have linked to Liverpool for ease. \*\**

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