



A Policy To Make Best Use of Resources in Plastic Surgery and Related Specialties

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Purpose of this Policy

1. The purpose of this policy is to introduce a transparent approach to making best use of resources in plastic surgery and related specialties. It was finalised after a formal Public Consultation that included distribution of the Consultation Document to a range of organisations and individuals, meetings with Board representatives as requested and press releases in local and regional media outlets. All responses to the Consultation were considered carefully in developing this final policy.

Background

2. This policy is part of a wider programme of changes to eliminate unreasonable waiting lists, including over £30m of additional resources for elective care, the introduction of Integrated Clinical Assessment and Treatment Services (ICATS), and the reform of referral and waiting list management arrangements. These changes have already delivered significant reductions in the number of people waiting for treatment and the time they have to wait.
3. However, many services still require substantial further investment. Resources are limited and we therefore need to make sure that, across all of the health services, patients with the most serious medical conditions are treated quickly and safely.

Current Problems in Plastic Surgery

4. At present, many more patients are referred to plastic surgery than the service can see. As a result, in July 2006, around 6,000 people

were waiting for a first outpatient appointment and over 1,000 people were on the waiting list for surgery. Three-quarters of those waiting for an outpatient appointment have been waiting for more than six months. Some of those with routine, non-urgent conditions have been waiting for five years and more.

5. Plastic surgeons treat a wide range of conditions from life-threatening burns, trauma, cancers and congenital abnormalities, to non-urgent conditions, such as breast reduction and tattoo removal. The demands on emergency and elective plastic surgery services have increased substantially in recent years. Improved techniques and new technologies mean that plastic surgeons can offer more treatment options than before, particularly in the treatment of cancers, serious burns and surgery to reattach severed limbs.
6. Patients with serious or life-threatening conditions must take priority and they are therefore treated before those waiting for more routine or non-urgent operations. As a result, in the current plastic surgery service, patients referred with some routine, non-urgent conditions have little real prospect of ever being seen or treated.

What is being done to address these problems?

7. To address these problems in plastic surgery, we need to refer to specialists only those patients who have the greatest clinical reason to see a consultant.

8. To increase the number of patients that the plastic surgery service can treat, the service needs extra investment and redesign. A package of changes has already been agreed, including
- Development of a single integrated Plastics service for Northern Ireland
 - A commitment to increase the number of plastic surgeons in Northern Ireland from seven to ten, bringing the number of surgeons into line with regions in England
 - Investment in support staff to provide more operating time and outpatient clinics
 - Extra new clinics by Specialist Nurses and General Practitioners with a Specialist Interest and
 - Improvements in waiting list and other management arrangements.

Those changes will allow the plastic surgery service to see and treat patients with serious or life-threatening conditions quickly and safely. Importantly, the extra investment will allow the Northern Ireland Burns Service to appoint additional staff to reduce pressure on that service.

9. However, even with ten plastic surgeons, extra support staff, new nurse and GP-led clinics, and a redesigned system, the expanded service could still not see all of the patients currently referred to plastic surgery. If we were to try to meet all of the current demand for plastic surgery, we would have to invest even further – by around £4m-£5m every year. However, we anticipate that patients

with routine, non-urgent conditions who are not currently referred to plastic surgery because of the very long waiting times, will be referred in the future if the prospect of treatment becomes real. The additional costs might therefore increase to £12m-£15m every year.

10. It is simply not justifiable to put that level of additional investment into one service – plastic surgery – when many other services need substantial additional investment to allow them to see and treat patients in a timely way. This policy is therefore being introduced to limit access for some routine, non-urgent plastic surgery (Appendix 1) to a level that matches the capacity of the expanded service.

The Policy

11. The policy will introduce, for some routine, non-urgent procedures, clear clinical criteria that will be used to determine whether or not a patient should have surgery. The procedures and criteria are described in detail in Appendix 1. Under the policy, patients who meet the criteria for surgery will have surgery and the service will commit to providing this within the waiting time targets set by the Minister. Patients who do not meet the criteria will not be referred or operated on in the future so that plastic surgery and other services can focus on patients with greater clinical need.
12. The policy will apply to all referrals for the procedures in Appendix 1, regardless of the specialty to which the patient was referred. While the policy relates mostly to plastic surgery, patients can also be referred for these procedures to other specialties, particularly

dermatology, breast services and ENT (Ear, Nose and Throat) services.

13. All patients who have already been seen by a specialist and put on a waiting list for surgery for one of the procedures in Appendix 1 will receive their surgery.

14. However, there are also significant numbers of patients who have been referred by their GP and are currently waiting to be assessed in outpatients for one of the procedures in Appendix 1. These patients will be called for assessment and the criteria for surgery (Appendix 1) will be applied to their case. An information leaflet summarising the criteria for surgery will be sent to patients prior to their appointment. The assessment service will apply the criteria for surgery and will explain the outcome of their assessment and the reasons for that outcome, to the patient.

Why is this Policy Necessary?

15. Despite very significant increases in funding in recent years, demand for many services is greater than the resources available. Plastic surgery poses particular challenges. If we try to meet all demand in plastic surgery through more and more investment, we will, at best, have nothing left for new investment in the many other services that treat people with serious or life-threatening conditions. At worst, we would have to take resources out of other services to pay for more plastic surgery. Limiting access to some more routine procedures is therefore the only feasible solution to ensuring that

patients who really need to see a plastic surgeon – those with serious injuries, burns, cancer, congenital abnormalities – are seen quickly.

16. The procedures that will be affected by this policy are at the non-urgent end of the type of work done by plastic surgeons and other specialists. If we reduce the time spent on these non-urgent procedures, we will protect resources for patients with conditions that might threaten their life or cause significant disability. Patients with serious or life-threatening conditions will therefore be seen more quickly if this policy is implemented than if it is not.

17. Having clear criteria for surgery makes it easier for GPs, Consultants and other staff to explain and apply the criteria when they see a patient. The policy therefore makes the process more consistent and transparent than the current arrangements.

What are the Procedures and Criteria?

18. Appendix 1 lists the procedures and criteria for surgery in detail. The terms are also explained in the Glossary in Appendix 2. A summary of the guidance has also been developed and is available on Board websites. In summary, the procedures fall into a number of categories

- Breast-related procedures – breast reduction, enlargement, lift, correction of asymmetry
- Skin and subcutaneous procedures – removal of clinically benign skin lesions, lumps, and tattoos

- Body contouring procedures – abdominoplasty (‘tummy tuck’ operations for patients with excess skin around their abdomen), and liposuction
- Facial procedures – face, eyelid and eyebrow lifts, correction of prominent ears, surgery to reshape the nose, repair of split ear lobes
- Miscellaneous procedures – excess hair removal and Botox treatment.

How were these Procedures and Criteria Selected?

19. The procedures and criteria included in the policy are based on a publication by the NHS Modernisation Agency *“Information for Commissioners of Plastic Surgery Services. Referrals and Guidelines in Plastic Surgery”*. This national guidance was developed by a multiprofessional subgroup of the Modernisation Agency’s *Action on Plastic Surgery* programme. The group was led by a member of the British Association of Plastic Surgeons.

Is this Type of Policy in Place Elsewhere?

20. Similar policies are in place in a number of regions in England. The policy will therefore not be unique to Northern Ireland.

Exceptional Circumstances

21. Where a GP takes the view that, while their patient does not meet the criteria as set out, but has a combination of symptoms which make that patient’s case *exceptional*, the GP may refer the patient for assessment. If a GP feels that a patient’s circumstances are

exceptional, they should state clearly in the referral letter, the factors that make that patient's case materially different from other patients. Such referrals will then be considered on a case-by-case basis by the service to which the patient was referred.

22. The policy recognises that patients may suffer psychological distress as a result of their condition. It also recognises the need for consistency in applying criteria for psychological assessment. Therefore, in line with some regions in England, patients will be assessed against the standard whereby "*a reasonable person would be unable to tolerate the abnormality in appearance*". It should be clear to the assessor that the abnormality in appearance is the primary cause of the psychological distress. In young children, the *potential* for psychological distress is also recognised and therefore included in the criteria for surgery. Furthermore, an assessment service as part of Integrated Assessment and Treatment Services will provide a preliminary assessment of patients referred from general practice. This assessment service will also help to standardise the psychological assessment of patients to ensure that criteria are applied consistently.

23. A person has a right in natural justice to have an explanation as to how the criteria for surgery (Appendix 1) have been applied to their case. Where a patient does not accept the outcome of the application of the criteria, the opportunity for a second opinion will be available.

24. In those circumstances, the assessment may have been done by the patient's General Practitioner, or in an ICATS or traditional hospital outpatient service. In any of these services, the patient can ask for a second opinion if they do not agree with the outcome of their assessment. The decision on who should be asked to provide a second opinion is a matter for discussion between the patient and their clinician.
25. Patients who are unhappy with their care will also be provided with information on the Complaints Procedure and on the advocacy and monitoring role of the Health and Social Services Councils.

Equality and Human Rights Issues

26. As public bodies, under Section 75 of the Northern Ireland Act 1998, the four Boards are required to have due regard to the need to promote equality of opportunity between
- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
 - Men and women generally
 - Persons with disability and persons without, and
 - Persons with dependents and persons without.
27. **A critical issue when considering any Equality implications of this policy must be the fact that we are now proposing explicit criteria to reduce the flow of patients onto a waiting list. By comparison, the practice to date has meant that unrestricted numbers of patients have been placed on waiting lists with no**

better prospects of being treated than would be the case with the application of this policy.

28. The breast procedures listed in Appendix 1 are more common in women than men. There may also be a greater impact on people with disabilities who may, because of mobility problems or other medical conditions, have more difficulty in maintaining a body mass index (BMI) of less than 25kg/m².
29. Criteria for breast enlargement may impact more on younger patients. Criteria for breast lift operations may impact more on older patients and women who have had children.
30. Patients undergoing abdominoplasty/apronectomy (tummy tucks) have to maintain a body mass index (BMI) of 18-27kg/m² for at least two years. This may impact more on people with disabilities who may, because of mobility problems or other medical conditions, have difficulty in maintaining a BMI in this range.
31. An Equality Screening was completed following the Consultation and is given in full in Appendix 3.
33. Human Rights implications were also considered. While there is the potential that Article 8 – the Right to a Private and Family Life – is relevant, commissioners believe that the qualifying criteria for having a procedure are such as to allow for treatment within the Health and Personal Social Services, of the most severe cases and

that the proposals are proportionate in accordance with the Article 8 obligations.

**Procedures and Criteria for Surgery under the Health and Personal
Social Services**

BREAST PROCEDURES

Female breast reduction

Breast reduction has been shown to be a highly effective health intervention. However, there is evidence to show that most women seeking breast reduction are not wearing a bra of the correct size and that a well-fitted bra can sometimes alleviate a patient's symptoms.

Breast reduction surgery will only be available if all of the following criteria are met

- The patient has a body mass index (BMI) of less than 25kg/m², and
- The patient is suffering from neck ache, backache or intertrigo, and
- The wearing of a professionally fitted brassiere has not relieved the symptoms.

Male breast reduction

Gynaecomastia (enlarged breast tissue in males) can occur during puberty and may correct itself once puberty is complete. It may also be caused by an underlying endocrine abnormality or rarely, breast cancer, and these must be excluded when assessing a patient.

Male breast reduction (surgery to correct gynaecomastia) will only be available if both of the following criteria are met

- The patient is post-puberty, and
- The patient has a body mass index (BMI) of less than 25kg/m².

Breast augmentation (enlargement) or breast implant replacement

Breast implants may be associated with significant side effects and the need for revisional, removal and replacement surgery is common, particularly in young patients. Not all patients show improvement in psychosocial outcome measures following breast augmentation. Nevertheless, demand in the UK for breast enlargement is increasing.

Breast augmentation will only be available if either of the following criteria is met

- Women with an absence of breast tissue unilaterally or bilaterally, or
- Women with a significant degree of asymmetry of breast shape and/or volume, including post-mastectomy and other reconstruction.

Breast augmentation will not be available for patients with

- Small but normal breasts
- Breast tissue involution (including changes after pregnancy).

Breast implant removal

Breast implants have a variable life span and the need for replacement or removal is likely, particularly in young patients.

Breast implants will only be removed if either of the following criteria is met

- The implants are causing symptoms, or
- The implants are a health risk.

Breast lift (Mastopexy)

Breast ptosis (sagging breasts) develops as part of the ageing process and may follow pregnancy.

Breast lift procedures will only be available if the following criterion is met

- When breast lift is part of the treatment of breast asymmetry or reduction, including post-mastectomy and other reconstruction.

Nipple inversion

Nipple inversion may occur due to an underlying breast cancer and it is essential that breast cancer is excluded. Nipple inversion can often be corrected by sustained suction and a number of devices are available without prescription. Greatest success is seen if the suction device is used correctly for up to three months.

If breast cancer has been excluded, surgical correction of nipple inversion will only be available if all of the following criteria are met

- The patient is female and post-puberty, and
- The inversion has not been reversed by correct use of a non-invasive suction device, and

- The inversion is causing functional problems.

SKIN PROCEDURES

Removal of clinically benign skin lesions

Any lesion that has features of cancer must be referred to an appropriate specialist for urgent assessment. Where there is diagnostic uncertainty, skin lesions will be assessed clinically through examination of the lesion by a doctor or other appropriately qualified professional. If there is any doubt about whether or not a lesion is benign, the patient should be referred to the appropriate service for further assessment. Clinically benign skin lesions should not be removed on purely cosmetic grounds.

Removal of clinically benign skin lesions will only be available if the following criterion is met

- The lesion causes problems for the patient, e.g., bleeding when shaving, or the lesion is infected, or the lesion catches on clothes, or the lesion causes facial disfigurement.

Excision of lipomata (fatty lumps)

Lipomata are benign discrete lumps of fat tissue. They can occasionally cause symptoms.

Excision of lipomata will only be available if either of the following criteria is met

- The lipoma causes symptoms or functional impairment, or
- The lipoma is growing rapidly or is located abnormally, e.g., under muscle.

Tattoo Removal

Most tattoos can be removed by a series of laser treatments in outpatients.

Tattoo removal will only be available if the following criteria are met

- The tattoo is visible in a person's normal daily life, and either
- The tattoo may put the patient's life, health, or livelihood at risk, or
- The tattoo was inflicted without the patient's valid consent.

BODY CONTOURING PROCEDURES

Abdominoplasty/apronectomy (tummy tuck)

Excessive abdominal skin folds may occur following weight loss in obese patients and these can cause significant functional difficulties for patients – difficulties walking, dressing, and problems with skin infections. It can also cause problems for patients with stoma bags as the bag may not fit properly. Abdominoplasty is a beneficial procedure for these patients. It is important that patients undergoing abdominoplasty/apronectomy have achieved and maintained a stable weight so that the risks of obesity recurring are reduced.

Abdominoplasty/apronectomy will only be available if both of the following criteria are met

- The patient has had a body mass index (BMI) of 18-27 kg/m² for at least two years, and
- The patient is suffering from severe functional problems, e.g.,
 - Difficulties with activities of daily living, or
 - Recurrent skin infection in the skin fold, or
 - Poorly fitting stoma bag, or
 - Surgery is required as part of an abdominal hernia correction or other abdominal wall surgery.

Liposuction

Liposuction may be useful for shaping areas of localised fat atrophy (wasting) or pathological hypertrophy (abnormal build-up), e.g., for patients with multiple lipomatosis or lipodystrophies. It is widely available in the private sector as a cosmetic procedure.

Liposuction will only be available if the following criterion is met

- The patient has pathological fat atrophy or hypertrophy as part of an underlying medical condition.

FACIAL PROCEDURES

Correction of prominent ears

Prominent ears may lead to significant psychosocial dysfunction for children and adolescents and may impact on the education of children as a result of bullying and truancy.

Correction of prominent ears will only be available if the following criterion is met

- The patient shows serious psychological impairment, or a young child shows the potential for serious psychological impairment, as a direct result of having prominent ears. Patients should be assessed against the standard whereby '*a reasonable person would be unable to tolerate the abnormality in appearance*'.

Repair of split ear lobes

Correction of split ear lobes is not always successful and poor scar formation is a recognised risk.

Correction of split ear lobes will only be available if the following criterion is met

- The ear lobe is totally split as a result of direct trauma.

Rhinoplasty (surgery to reshape the nose)

Patients with limited nasal air entrance will often benefit from rhinoplasty.

Rhinoplasty will only be available if any of the following criteria is met

- The nasal airway is obstructed, or
- There is obvious nasal deformity as a result of trauma, or
- To correct complex congenital conditions, e.g., cleft lip or palate.

Face lifts/brow lifts

Changes to the face develop as part of the natural ageing process. This may result in loose skin around the face, neck and eyes.

Procedures to reduce this skin will only be available if any of the following criteria is met

- As part of the treatment of congenital facial abnormalities, or
- For treatment of congenital or acquired facial palsy, or
- As part of treatment of specific conditions affecting facial skin, e.g., neurofibromatosis, or
- To correct the consequences of trauma, or
- To correct deformity following surgery.

Blepharoplasty (eyelid surgery)

Many people acquire excess skin in the upper eyelids as part of the ageing process. However, if this starts to interfere with vision or function of the eyelids, then treatment can be warranted.

Procedures to reduce excess skin on the eyelids will only be available if either of the following criteria is met

- The patient's vision is impaired by the excess skin, or
- The function of the eyelid is impaired.

MISCELLANEOUS PROCEDURES

Botulinum toxin (Botox) treatment

Botox treatment has many uses in treatment of pathological conditions. Botox will not be available for the treatment of facial ageing or excessive wrinkles.

Botox treatment will only be available if the following criterion is met

- The patient has a pathological condition for which botulinum toxin is indicated.

Hair depilation (removal)

Hair depilation will only be available if any of the following criteria is met

- Following reconstructive surgery leading to abnormally located hair-bearing skin, or
- The patient has an underlying endocrine abnormality resulting in hirsutism, or
- The patient is undergoing treatment for pilonidal sinus, to reduce recurrence
- If it causes facial disfigurement where *'a reasonable person would be unable to tolerate the abnormality in appearance'*.

Glossary

Abdominoplasty/	An operation to remove excess skin from the
Apronectomy	abdomen, usually following weight loss
Benign skin lesion	A skin abnormality that is not cancer
Bilaterally	Affecting both sides
Blepharoplasty	Operation to remove excess skin on the eyelids
Body mass index/BMI	Indicator of body fat levels, calculated from a person's weight in kilograms divided by their height squared
Botox	A substance used to reduce muscle tone
Breast asymmetry	Where one breast is larger than another
Breast enlargement/ augmentation	An operation to increase breast size
Breast involution	The shrinking of breast tissue that can occur after pregnancy
Breast lift/mastopexy	An operation to correct sagging breasts
Breast ptosis	The sagging of breasts that occurs with age
Breast reduction	An operation to reduce breast size
Capacity	The number of patients a service can treat
Congenital	A condition that is present at birth
Elective care	Planned care, not emergency, typically involves referral from a GP to a Consultant
Endocrine abnormality	Abnormal levels of hormones, causing symptoms
Face, eye, brow lift	Operations to remove excess skin in these areas
Facial palsy	Weakness of the face muscles due to a problem with the nerve controlling those muscles

Fat atrophy	Abnormal wasting of fat tissue in a small area
Fat hypertrophy	Abnormal build up of fat tissue in a small area
GP with a Specialist Interest	A GP who also works in a speciality, e.g., seeing patients referred to that speciality
Gynaecomastia	Abnormal increase in breast tissue in males
Hair depilation	Removal of hair
Hirsutism	Excess hair on the face or body
ICATS	A system to direct patients to the appropriate service
Intertrigo	Infection in skin folds, often due to moisture
Lipodystrophies	Selective loss of fat from various parts of the body
Lipoma(ta)	A benign discrete lump consisting of fat tissue
Lipomatosis	Diseases that cause multiple lipomata
Liposuction	Operation to remove fat from selected areas
Neurofibromatosis	A genetic disorder causing multiple nerve tumours
Pathological	Conditions that have an underlying medical cause and are not just part of normal body changes
Pilonidal sinus	An infected tract (tunnel) in the skin between the buttocks, often requiring surgery
Plastic surgery	The specialty that treats a wide range of conditions from burns, trauma, cancer, congenital abnormalities, to more cosmetic procedures requested by patients to improve their appearance
Unilaterally	Affecting one side

Name and purpose of Policy being screened

A policy to make best use of resources in plastic surgery and related specialties

1. Is there any evidence of higher or lower participation or uptake by different groups in relation to this policy?

Group	Yes	No	Not known
Religious belief			x
Political opinion			x
Racial group			x
Age	x		
Marital status			x
Sexual orientation			x
Gender	x		
Disability			x
Dependency			x

Comments: Some of the procedures mentioned in this policy are more relevant to women (e.g. breast related procedures) and children (e.g. correction of prominent ears). We have no evidence to indicate that there is a higher or lower uptake of the various procedures by any of the other groups.

2. Do different groups have different needs, experiences, issues and priorities in relation to this policy?

Group	Yes	No	Not known
Religious belief			x
Political opinion			x
Racial group			x
Age	x		
Marital status			x
Sexual orientation			x
Gender	x		
Disability	x		
Dependency			x

Comment:

- The breast procedures listed in the policy are more likely to be carried out on women and therefore reducing access to some of these procedures will affect more women than men.
- The correction of prominent ears is more likely to be availed of by children, but the policy has provided that this procedure should be available to adults as well, acknowledging that it is, for some people, not until they reach adulthood that they can take responsibility for their own healthcare choices.
- Some people with a disability may not be able to achieve or maintain a stable BMI because of their particular condition. Where the GP accepts that this is the case, the GP may still refer the

patient for surgery if it is considered that the patient's circumstances make them an exceptional case.

3. In relation to implementing this policy, is there an opportunity to better promote equality of opportunity or good relations by altering the policy or by working with others in Government or in the larger community?

Please tick Yes No ✓

4. Have consultations with relevant groups, organisations or individuals indicated that this policy creates, or may create, specific problems?

Group	Yes	No	Not known
Religious belief			x
Political opinion			x
Racial group			x
Age	x		
Marital status			x
Sexual orientation			x
Gender	x		
Disability	x		
Dependency			x

Comment: Some respondents questioned the need to have the same BMI threshold for breast reduction for men and women. In the absence

of clear biological reasons for having different thresholds for men and women, these groups should be treated equally.

In addition, a few respondents were concerned that some people with a disability or a particular medical condition may not be able to achieve or maintain a stable BMI to be eligible for breast reduction or abdominoplasty. However, the policy allows that, if the GP agrees that this is a factor, the GP has the flexibility to refer the patient as an exceptional case.

5. Indicate what groups/individuals you have consulted and how?

The document was issued by each Board to a range of interested individuals and organisations including:

- Members of Parliament, Members of the Northern Ireland Assembly, and Councillors
- Health and Social Services Council
- General practices
- Consultants in the affected specialties – Plastic Surgery, Dermatology, General Surgery, and Ear, Nose and Throat surgeons
- Area Medical Advisory Committee and Sub-Committees
- Local Medical Committee for General Practitioners
- Trust Chief Executives
- A range of voluntary and community groups representative of the Section 75 categories.

6. Were any particular Equality issues identified by this consultation?

Please see responses above.

7. Any other comments on the policy and/or screening exercise?

The Boards recognises that the impact of this policy across the nine categories will need to be monitored, bearing in mind the limited information on the Section 75 categories. This will involve monitoring those who have been referred for surgery and also those who have not been referred. In addition, monitoring will need to take account of people who present as “exceptional cases” and of people who request a second opinion at any stage in the process. This information gathering will allow those commissioning and delivering the service to be more fully informed of any impact of the policy on individuals across the community.

8. On the basis of answers to previous questions (and in particular positive answers), do you recommend that the policy should be subjected to a full impact assessment?

Please tick *Yes* *No* ✓

Comment: The four Board group does not recommend an equality impact assessment. This will be reviewed as and when more information becomes available during implementation of the policy.