



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

Breast Surgery

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

BREAST SURGERY CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol describes the exclusions and access criteria regarding breast surgery. It will be applied in accordance with the Protocol for Individual Patient Treatments.
- 1.2 The protocol applies to the procedures outlined in Table 1.

Table 1: Summary of Exclusions

Procedure	Criteria for approval
Breast Asymmetry surgery	As per Section 2.1
Breast Reduction	As per Section 2.4
Removal and Replacement of Implants	As per Section 2.7
Revision Mammoplasty	As per Section 4.1
Correction of Inverted Nipple	As per Section 4.2
Mastoplexy (repositioning of nipple) and Mastopexy (breast lift)	As per Section 4.3
Hypoplasia or Aplasia of breast(s)	As per Section 4.6
Gynaecomastia	As per Section 4.8

- 1.3 This protocol does not apply to patients undergoing reconstructive surgery in the twelve months post-mastectomy surgery.
- 1.4 NHS Dorset Clinical Commissioning Group does not support breast surgery in patients under 18 years of age.
- 1.5 All forms of surgery carry some degree of risk and in addition to complications that may arise from any surgery such as an adverse reaction to anaesthetic and risk of infection there are additional complications which may arise from breast surgery and these are outlined below. In all cases the breast surgeon must agree that surgery is clinically necessary in respect of the individual patient and should discuss the risks with the patient:

- Capsular contracture which may make the breast feel hard and may lead to lead to pain and discomfort in some cases;
- Rupture of the implant;
- Scarring which may take significant time to improve;
- Seroma (build-up of fluid around the breast);
- Adverse impact on the ability to breast feed in future.

1.6 Patients must be advised prior to consenting to surgery that surgical revision of these complications including the revision of scarring is not routinely commissioned and would only be considered upon submission of an Individual Patient Treatment request.

2. ACCESS CRITERIA

Breast Asymmetry Surgery

2.1 There are three specific access criteria, all of which must be fulfilled for any patient requesting breast asymmetry surgery:

- Breast asymmetry surgery will only be considered in cases of gross asymmetry. If a request is made, the General Practitioner (GP) is requested to confirm that an examination has taken place and that there is gross asymmetry of at least 3 cup sizes. This will be confirmed by the surgeons.
- There must also be a clinical need for surgery: Either of the following criteria (a or b) are met.

a) The patient has significant musculoskeletal pain or functional problems that are impacting significantly upon the individual's quality of life.

Evidenced by BOTH:

- o the fitting, and wearing, of a professionally fitted bra for a period of at least 3 months; AND
- o an NHS physiotherapy report detailing assessment and advice followed for a period of at least 3 months with a physiotherapy outcome report.

AND subsequently:

the physiotherapy opinion/advice has been tried and failed and, in the opinion of an NHS breast surgeon there is significant musculoskeletal pain or functional problems that are likely to be corrected or significantly improved by surgery.

b) The patient has associated persistent and recurring infections that have failed to respond to treatment. A full history of treatments for infections will need to be supplied with any patient requests. The expectation would be that the history will provide the range of treatments and outcomes and would cover a period of at least one year; AND other non-surgical treatments such as a professionally fitted bra (as above) have been tried and failed.

- In addition, the GP is requested to confirm that the patient's Body Mass Index (BMI) has been sustained below 30 kg/cm² for 6 months immediately prior to referral and request. This must be recorded at 0, 3 and 6 months

2.2 If NHS Dorset Clinical Commissioning Group agrees that the patient meets the required access criteria, the GP will need to make an out-patient referral, in the first instance, to the plastic surgeons at Salisbury Hospital NHS Foundation Trust. The Salisbury team will make the final clinical decision as to whether surgery is appropriate in this case, and whether the patient should have reduction or augmentation to resolve the asymmetry

2.3 Following assessment at Salisbury if a reduction on the larger breast or augmentation on the smaller breast is not felt to be appropriate the consultant can seek consideration for bilateral augmentation. Each case will be considered by the Individual Cases Panel.

Breast Reduction Surgery

2.4 NHS Dorset Clinical Commissioning Group does not support breast reduction surgery for cosmetic or psychological reasons.

2.5 There are three specific access criteria, all of which must be fulfilled for any patient requesting breast reduction surgery:

- Breast Size:
 - The patients breast size is cup F or larger: AND
 - the breast reduction surgery should result in a reduction in breast size of at least 3 cup sizes.
- Clinical Need: Either of the following criteria (a or b) are met.
 - a) The patient has significant musculoskeletal pain or functional problems that are impacting significantly upon the individual's quality of life.

Evidenced by BOTH:

- the fitting, and wearing, of a professionally fitted bra for a period of at least 3 months; AND
- an NHS physiotherapy report detailing assessment and advice followed for a period of at least 3 months with a physiotherapy outcome report

AND subsequently:

- the physiotherapy opinion/advice has been tried and failed and, in the opinion of an NHS breast surgeon there is significant musculoskeletal pain

or functional problems that are likely to be corrected or significantly improved by surgery.

b) The patient has associated persistent and recurring infections that have failed to respond to treatment. A full history of treatments for infections will need to be supplied with any patient requests. The expectation would be that the history will provide the range of treatments and outcomes and would cover a period of at least one year; AND other non-surgical treatments such as a professionally fitted bra (as above) have been tried and failed.

- In addition, the GP is requested to confirm that the patient's Body Mass Index (BMI) has been sustained below 30 kg/cm² for 6 months immediately prior to referral and request. This must be recorded at 0, 3 and 6 months

2.6 If NHS Dorset Clinical Commissioning Group agrees that the patient meets the required access criteria, the GP will need to make an out-patient referral, in the first instance, to the plastic surgeons at Salisbury NHS Foundation Trust. The Salisbury team will make the final clinical decision as to whether surgery is appropriate in this case.

Removal and Replacement of Breast Implants

2.7 NHS Dorset Clinical Commissioning Group will always fund the removal of breast implants where there is clinical risk from leaking or otherwise damaged implants.

2.8 If the original implants were inserted privately, NHS Dorset Clinical Commissioning Group will not fund replacements.

2.9 If the original implants were inserted with NHS funding, the patient may apply to have them replaced. These applications will be considered using the same criteria as new applicants (see paragraph 2.1).

3. DEFINITIONS

3.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

4. EXCLUSIONS

Revision Mammoplasty

4.1 Revision mammoplasty is a cosmetic procedure which is not supported and will not be funded.

Correction of Inverted Nipple

4.2 Correction of inverted nipple is a cosmetic procedure which is not supported and will not be funded following surgery, whether that surgery was NHS funded or privately funded.

Mastopexy (reposition of nipple) and Mastopexy (breast lift).

- 4.3 Repositioning of the nipple is a cosmetic procedure which is not supported and will not be funded.
- 4.4 Repositioning of the nipple following trauma will be considered by the Individual Cases Panel. Trauma is defined as any physical damage to the breast or nipple caused by violence or accident.
- 4.5 Breast lift is a cosmetic procedure which is not supported and will not be funded.

Hypoplasia or Aplasia of Breast(s)

- 4.6 Augmentation for hypoplasia or aplasia is considered as a cosmetic procedure and is not supported by NHS Dorset Clinical Commissioning Group.
- 4.7 This section also applies to patients who have undergone male-to-female gender reassignment.

Gynaecomastia

- 4.8 Surgical treatment of gynaecomastia is considered as a cosmetic procedure and is not supported by NHS Dorset Clinical Commissioning Group.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.
- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to www.dorsetccg.nhs.uk/aboutus/clinical-policies.htm

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the Planned and Specialist CDG which includes commissioners, clinicians and other relevant stakeholders.

- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', Criteria Based Access Protocols must be formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Commissioning Committee.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	116
Author (Name and Job Title)	Michael Cross, Senior Commissioner IPT
Clinical Delivery Group (recommending group)	Systems Management/ Individual Patient Treatments
Date of recommendation	November 2017
Date of approval by CCC	November 2017
Version	4.0
Review frequency	3 yearly
Review date	January 2019

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
N/A			

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
20.01.16	3.0	January 2019	Review and new format.	January 2016	CCC
20.11.17	4.0	January 2019 (original intended review date retained)	Removal of requirement for rheumatology assessment and opinion	November 2017	CCC

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓