

Policy for Breast Reduction Surgery

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Document control:		
Date:	Version Number:	Section and Description of Change
September 2019	V1.0	Policy ratified by Healthier Lancashire and South Cumbria's Joint Committee of Clinical Commissioning Groups (JCCCGs)
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will commission unilateral or bilateral breast reduction surgery in the following circumstances:

1.1.1 At least 500 grams of breast tissue per breast will be removed during the procedure or the breasts will be reduced by at least 4 cup sizes

AND

1.1.2 The breast size results in one or more of the following functional symptoms that require other treatments/interventions:

- Intractable candidal intertrigo. This will be demonstrated by evidence of cellulitis, skin ulceration, abscesses, lymphoedema, skin necrosis or equivalent that has been persistent despite compliance with nonsurgical treatment (e.g. meticulous skin hygiene; dressings; clothing that minimizes skin fold contact; topical antifungal agents, antibiotics or corticosteroids as clinically appropriate).
- Thoracic backache/kyphosis. This will be demonstrated by the presence of a physiotherapy report that describes the treatments that have been tried and failed and confirms that the pain is attributable to the size of the breasts.

AND

1.1.3 The patient's physical symptoms will have continued to persist despite the wearing of a professionally fitted bra.

AND

1.1.4 The patient has maintained a stable Body Mass Index (BMI) of less than 27kg/m² for at least 12 months.

1.1.5 Mastopexy will be commissioned when this is required as part of the planned approach for a patient who fulfils the above policy criteria for breast reduction and the intention is to undertake the procedure concurrently.

2. Scope and definitions

2.1 This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

2.2 Breast reduction is a surgical procedure to reduce and re-shape the size of a female's breasts.

2.3 The scope of this policy includes requests for both unilateral and bilateral procedures that are intended to reduce and re-shape the size of a female's breast.

2.4 The scope of this policy does not include:

- Treatment undertaken as part of an ongoing package of cancer treatment, or
- Reconstructive surgery following trauma or cancer.

2.5 The ICB recognises that a patient may have certain features, such as:

- having large breasts,
- wishing to have a service provided to reduce the size of their breasts,
- being advised that they are clinically suitable for breast reduction surgery, and
- be distressed by the size of their breasts, and by the fact that that they may not meet the criteria specified in this commissioning policy.

2.6 Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

3.1 The purpose of breast reduction surgery is normally to reduce and re-shape the size of a person's breasts.

3.2 This policy relies on the Principle of Appropriateness as the ICB recognises that in many cases large breasts cause no functional problems, or the functional problems experienced can be adequately managed via alternative, non-invasive interventions.

3.3 The ICB considers that in circumstances where women are not severely affected by the complications of large breasts outlined in section 1.1 of the policy, breast reduction surgery does not accord with the criteria of appropriateness in the Statement of Principles, as other services competing for the same ICB resource more clearly have a purpose of preserving life or of preventing grave health consequences.

4. Effective Healthcare

4.1 Breast reduction surgery can cause permanent loss of the lactation function of the breasts, as well as decreased areolar sensation, bleeding, bruising and scarring.

4.2 This policy therefore relies on the Principles of Effectiveness as the ICB considers that, in the absence of the complications of large breasts outlined in section 1.1 of the policy, the potential risks associated with breast reduction surgery outweigh the potential benefits.

5. Cost Effectiveness

5.1 The ICB does not call into question the cost-effectiveness of breast reduction surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient when considering an application to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of breast reduction surgery and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

- 7.1 The policy criteria at section 1.1 of the policy rely on the Principle of Affordability. The ICB has a limited budget and must make difficult choices regarding the prioritisation of the resources available to ensure their best use. As a result of the need to manage the healthcare of its population within the budget available, access to cosmetic procedures, such as the breast reduction surgery, is restricted.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
- 8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this ICB. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
- 9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:
- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
 - If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

NHS England (2018). Evidence-Based Interventions: Guidance for CCGs
<https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf>