

1. Please state the name of your ICB

**Lancashire and South Cumbria ICB (LSC ICB).**

2. Does surgery for keloid scars require funding approval in your ICB?

**Central Lancashire Place operate a prior approval process and surgery for keloid scars requires funding approval.**

**There is no requirement for funding approval for patients registered with GP practices within East Lancashire, Pennine Lancashire, Morecambe Bay or Fylde Coast Places.**

**The Pan Lancashire policy criteria that the patients need to meet is available via the link below:**

**[https://www.healthierlsc.co.uk/application/files/4816/8487/3599/LSCICB\\_Clin43\\_Policy\\_for\\_Cosmetic\\_Procedures\\_v3.2.pdf](https://www.healthierlsc.co.uk/application/files/4816/8487/3599/LSCICB_Clin43_Policy_for_Cosmetic_Procedures_v3.2.pdf)**

3. If funding is required, is this through a prior approval process (i.e. defined criteria must be met), an individual funding request or another route?

**As stated above, for Central Lancashire Place there is a prior approval process for patients who meet the criteria.**

**As with any treatment if a patient does not meet the policy criteria an Individual Funding request (IFR) can be submitted but would only be approved if the IFR panel were satisfied that the patient was clinically exceptional.**

4. How many applications for keloid scar excision surgery did you receive within your ICB in 2023?

**We have received 5 or less applications and as such the specific number has been suppressed. The applications are a mixture of prior approvals and IFRs.**

5. Relating to question 4, how many applications were approved?

**Owing to the small number of applications this number cannot be released.**

6. Relating to question 4 and 5, what were the anatomical locations of the applications that were received? Please provide a breakdown according to the following areas:
  - a. face
  - b. ear
  - c. trunk
  - d. upper limb
  - e. lower limb

**We do not record keloid scar applications with this level of data.**

7. Relating to question 4 and 5, what were the anatomical locations of the applications that were approved? Please provide a breakdown according to the following areas:
- a. face
  - b. ear
  - c. trunk
  - d. upper limb
  - e. lower limb

**We do not record keloid scar applications with this level of data and cannot provide the number of approvals due to the small number of applications received.**

8. Relating to question 4, how many cases were declined?

**We cannot provide the number of declines due to the small number of applications received.**

9. Relating to question 8, what were the reasons for declining the requests? Please provide a breakdown according to the following reasons:
- a. Not causing functional impairment
  - b. Not causing symptoms
  - c. Considered cosmetic
  - d. Case not considered "exceptional"
  - e. Other (please specify)

**We cannot provide the reasons for declines due to the small number of applications received.**

10. If you cannot provide a breakdown for cases, please indicate the reason(s) that most commonly apply:
- a. Not causing functional impairment
  - b. Not causing symptoms
  - c. Considered cosmetic
  - d. Case not considered "exceptional"
  - e. Other (please specify)

**Prior approvals are declined when policy is not met, or insufficient information is provided to confirm that criteria is met.**

**IFRs are declined when the panel determines that the patient is not clinically exceptional, or where no case is presented for clinical exceptionality.**

11. With regard to all funding applications your ICB has received, please provide an overall breakdown of the ethnicity of these patients. If you do not have data regarding ethnicity, answers can be based on visual impression of the Fitzpatrick skin types (shown below):

## The Fitzpatrick Scale

					
<b>TYPE I</b>	<b>TYPE II</b>	<b>TYPE III</b>	<b>TYPE IV</b>	<b>TYPE V</b>	<b>TYPE VI</b>
Light, pale white	White, fair	Medium, white to olive	Olive, moderate brown	Brown, dark brown	Black, very dark brown to black
Always burns, never tans	Usually burns, tans with difficulty	Sometimes mild burn, gradually tans to olive	Rarely burns, tans with ease to a moderate brown	Very rarely burns, tans very easily	Never burns, tans very easily, deeply pigmented

- a. Type 1
- b. Type 2
- c. Type 3
- d. Type 4
- e. Type 5
- f. Type 6

**We cannot provide information in relation to the Fitzpatrick scale as the IFR team do not record ethnicity and have no face to face contact with patients.**

12. Please consider the following hypothetical case, as though it were a real application, and indicate your response:

27 year old woman

Fit and healthy

No past medical history

No allergies

5 year history of large keloid scar on right ear lobule from an ear piercing.

Stable in size for 4 years, no spontaneous improvement.

Has had a course of intralesional steroid injections at another facility 2 years ago with no improvement.

No previous surgery.

Causing embarrassment, social withdrawal, and persistent pruritus, as well as discomfort when lying down.

On examination: 4x3cm, firm, slightly tender, right ear lobule keloid scar (photo attached).



Secondary care plastic surgery consultant is requesting approval for excision under local anaesthetic, as a 30 minute day case procedure. Intended as a single surgical episode, with the likelihood of adjuvant steroid injections performed in the outpatient clinic during the follow-up period.

Please advise if this case would be approved.

**In all cases it is the role of the NHS treating clinician to determine whether a patient meets policy criteria for treatment. If the clinician is satisfied that the policy criteria is met, they can proceed to treat, unless their patient lives within Central Lancashire ICB Place, in which case the consultant must submit a prior approval request setting out how the patient meets the criteria.**

**In the event that the treating clinician is not satisfied that the patient meets policy criteria, they are able to submit an Individual Funding Request, asking that the ICB fund the patient outside the criteria, but should only do so if they are able to evidence that the patient is clinically exceptional, which will normally explain " why the patient in question is materially different to the usual population of patients to whom the Standard Policy applies in terms of the principle or principles on which the Standard Policy is based; and why that material difference means the Standard Policy should not apply". IFR requests which present a case for clinical exceptionality are considered by the IFR Panel pursuant to the IFR framework, which can be found on the ICB website at <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/individual-funding-requests-ifr>**

**In the absence of a completed Prior Approval application form explaining how the policy criteria is met, or an IFR application form which presents a case for**

**clinical exceptionalty supported by evidence, the IFR Team are unable to express an opinion on whether this hypothetical case would be approved or declined.**

13. If not, please indicate the reasoning.

N.B. If your policy is for such cases to only be considered following an IFR, please state this below. In such cases, we will provide a completed IFR form and would be grateful if you would consider this according to your usual protocol.

**See above.**