

Reviewing local health policies: Phase 1 Engagement Summary

April 2018

Phase 1 Engagement Summary

Introduction

NHS organisations have a duty to involve and consult with the public where commissioning arrangements will change and it will have an impact on the way health services are delivered.

The following outlines the methods used to ensure the right levels of engagement for each policy within the review and a summary of the results from the survey, meetings and events for Phase 1 (suites 1 & 2) in accordance with the Health and Social Care Act 2012.

Methodology

- An Equality Impact Assessment (EIA) was carried out for each of the policies reviewed for Phase 1. An EIA sets out the approach for engagement plans, providing a clear understanding of the change to each policy and what engagement is appropriate considering the level of change.
- The [Gunning principles](#) were applied. Public groups, Overview Scrutiny Committees (OSCs) and other clinic stakeholders were consulted as part of policy development work. There was then an open public engagement period of 12 weeks where surveys, meetings and focus groups were held. This length of time was chosen to reflect the number of policies out for engagement. All responses were then analysed and fed back to each Clinical Commissioning Group (CCG) to consider in their final decision making.
- NHS England were consulted with to ensure that the engagement activity would be meaningful and patients and the public would be considered proportionately and fairly. Feedback from NHS England confirmed the approach was fit for purpose.
- A communications and engagement working group was established with representation from all seven CCGs involved as well as a project lead, a media lead, two senior engagement team members and a Cheshire and Merseyside Area Lead from NHS Midlands and Lancashire CSU (MLCSU). The group met monthly to discuss and make decisions about engagement plans for each of the policies. A working plan was also set out on a weekly basis outlining key activity for the upcoming week and any tasks which need to be completed. This allowed for an open, comprehensive and agile approach to the project.

It was clear that varying levels of engagement would be required for each policy, and so a 'levelling' structure was developed. This structure made sure that each policy was given the due regard required and specifically identified and targeted members of the public for their views. Levels were

assigned to policies by the communications and engagement working group and approved by commissioners and third sector stakeholders.

Please see below a description of these engagement levels:

Table 1 – Engagement level explanation

Engagement Level	Description
1	Survey posted online and offline with no specific target
2	Survey posted online and offline, targeted at specific cohorts of people through social media and support groups/charities. Additional specific FAQs.
3	Survey posted online and offline, targeted at specific cohorts of people through social media and support groups/charities with, additional specific FAQs and one event OR face to face meeting with relevant groups

Once an engagement level was assigned to the policies, an individual plan was developed for each of the policies outlining the specific groups of people who would be targeted for engagement and how this would be done.

For members of the public, clinicians, staff and third sector, engagement was carried out for 12 weeks from 26 June until 18 September 2017 in the following forms.

Survey

The survey was designed in accordance with the Office of National Statistics where protected characteristics e.g.) age, gender, disability etc. were included and measured as part of the survey.

The survey was designed with a mixture of quantitative and qualitative questions, allowing respondents to provide free text to support the reason why they may have chosen to agree or disagree with the proposed change. For each policy, a plain English document was provided which summarised the policy and provided the rationale for the proposed change to allow participants to make an informed decision.

The following survey was provided in three ways;

1. Online – via elesurvey, a system that is compliant with UK Information Governance laws
2. Hard copy – provided with a freepost envelope for return
3. Telephone - the phone line was available for members of the public to find out more information or ask questions about the survey and engagement process as well as carrying out the survey over the phone.

Providing the survey in these formats made sure that it was as accessible as possible for all. All information was also provided in an easy read format and options for those who required the information in an alternative language was also promoted on all CCG websites, on the survey and on promotional materials such as the leaflet.

Meetings and events

The approach to and structure of meetings and events was consistent to allow for meaningful analysis.

The following structure was used at each:

- Introduction to project
- Approach to engagement outlined
- Discussion with group around aims and objectives
- Overview of policies included in Phase 1
- Any specific policies highlighted by the group for further discussion and evaluation
- Feedback collected
- Close

At each event or meeting the following materials were provided:

- Hard copies of the survey, including freepost envelope
- Leaflet explaining the rationale for the project

(All attendees were encouraged to complete the surveys.)

Throughout the engagement and analysis process, it became clear that further clarity and information about the proposal to remove the 'children's statement' allowing children under the age of 16 to have access to treatments on cosmetic or psychological distress was needed. A focus group was therefore done with the support of the Young Peoples Advisory Service (YPAS) to gain better insight into the concerns raised in the survey results about the statement being removed.

External factors to consider

Media misrepresentation of facts

Although most media coverage for this work was balanced, for some policies, media misrepresentation of proposed changes to the policy caused some respondents to disagree with the

change, however in their supporting comments respondents fundamentally disagreed with the 'cut' of a service, as opposed to the update of criteria. In these instances it was found that the negative comments supported the proposed change, resulting in quantitative analysis suggesting a larger proportion of people disagreed with proposed change than the real number of people.

The following policies were mostly affected by this coverage:

- Hemorrhoidectomy
- Cataract surgery

Demographic responses

The volume of people with protected characteristics responding to the survey was recorded throughout, paying particular attention to those groups which could be more affected by a proposed policy change. Identified groups were targeted through support from the third and voluntary sector, as well as targeted online campaigns where appropriate. In some areas, responses from particular groups were low due to low interest in the topic and/or low volumes in communities.

Local area response rates

This work was carried out across the areas of the seven CCGs involved. This meant that the CCGs could benefit from a larger cross section of responses, rather than being limited to their own area for views.

For areas where response rates for some policies were low, it was identified that more extensive face to face engagement was required. Low response rates were generally due to one of the following factors:

- A more elderly population
- A low literacy rate
- Low internet access
- Low volume of people from various characteristics living in the area
- Where there was no change to criteria, but there was updated wording – feedback indicated they did not feel the need to respond as they did not see the change as concerning or a risk.

Where there was little or no response to some policies which would have a higher impact on patients and the public, such as the age change for breast surgery and the removal of the statement allowing children to have access to surgical treatments based psychological distress or cosmetic alone, the

group worked to target the survey online to those audiences and also increase engagement, with offers of face to face groups and meetings to these target audiences.

Feedback from the meetings and events was then coded/analysed in the same way as survey responses to provide consistency of analysis.

Results summary

In total 187 people responded to the survey and more than 120 people were reached via meetings and events across the seven areas.

A detailed breakdown of the engagement feedback by CCG area can be viewed in appendices 1,2 and 3.

Survey results were monitored on a weekly basis and any areas for concern, such as low response rate, was addressed either by increasing face to face activity or using social media targeting.

There was additional focus in areas where the impact for patients was higher, for example, age changes or psychological distress restriction.

On review of the results, there were two key areas for concern raised by respondents for commissioners to consider:

1. Disagreement with changing the age of breast surgery from 18 to 21 years.
2. Some disagreement with the removal of the statement, currently allowing children under the age of 16 to have access to treatments purely based on cosmetic or psychological distress.

Based on these results and some additional face to face engagement with YPAS, the working group chose an appropriate approach to addressing these issues, taking into consideration the engagement work.

The engagement feedback and the policy review working group's recommendations, including the changes outlined above, were considered and agreed by the respective CCG governing bodies in March and April of 2018. The new policies were implemented in April 2018.

If you require this information in another language, please email us on involvement.mlcsu@nhs.net or call us on 0121 6123 806 (standard landline and mobile network rates apply).

Survey results – Local CCGs

Suite 1 and 2 policies



Respondent profile per CCG

	Total number of respondents	As a member of the public	On behalf of an organisation (Private/Voluntary, charity)	Organisation type				Are you a Carer?		
				Any other organisation	Voluntary /third sector organisation	NHS Organisations	None	No	Yes	Age range of people being cared for
Halton	7	7	0	2	2	1	2	6	1	35
Knowsley	20	20	0	4	2	5	9	15	5	50-85
Liverpool	84	75	9	5	8	11	51	63	21	6-96
Southport and Formby/South Sefton	39	39	0	1	5	11	22	30	9	8-89
St Helens	14	14	0	0	1	1	12	12	2	56-87
Warrington	17	17	0	1	2	2	12	13	4	28-86

Respondents profiles - age

Area	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80+
Halton			1	1					1	1	1	1	1	
Knowsley			1			1	1	2	2	1	6	1		4
Liverpool	1	1		1	7	3	9	8	9	12	14	10	4	3
South Sefton / Southport and Formby		1	2	2	2	6	4	1	7	4	4	2	3	
St Helens	2	1	3	1				1	3	2	1			
Warrington				1		1	2	1	2	1	5	1	1	1

Respondents profiles - religion

Area	Atheist / no religion	Buddhism	Christianity	Hinduism	Islam	Judaism	Other, please state	Prefer not to say
Halton		1	6					
Knowsley	4		11				2	3
Liverpool	25		44		4	2	5	4
South Sefton / Southport and Formby	7		27				3	2
St Helens	2		6	1				5
Warrington	4		7				2	4
Grand Total	44	1	104	1	4	2	12	19



Respondents profiles – gender and gender identity

Area	Female	Male	Other	Prefer not to say	Grand Total
Halton	4	3			7
Knowsley	15	5			20
Liverpool	44	38		2	84
South Sefton / Southport and Formby	27	11		1	37
St Helens	9	2		3	14
Warrington	8	6		3	17

Have you ever identified as transgender?

Area	No	Prefer not to say	Yes	Grand Total
Halton	7			7
Knowsley	20			20
Liverpool	80	3	1	84
South Sefton / Southport and Formby	39			37
St Helens	11	3		14
Warrington	14	3		17



Respondents profiles – gender and gender identity

Area	Female	Male	Other	Prefer not to say	Grand Total
Halton	4	3			7
Knowsley	15	5			20
Liverpool	44	38		2	84
South Sefton / Southport and Formby	27	11		1	37
St Helens	9	2		3	14
Warrington	8	6		3	17

Have you ever identified as transgender?

Area	No	Prefer not to say	Yes	Grand Total
Halton	7			7
Knowsley	20			20
Liverpool	80	3	1	84
South Sefton / Southport and Formby	39			37
St Helens	11	3		14
Warrington	14	3		17

Respondents profiles – sexual orientation

Area	Bisexual (people of either sex)	Gay (both men)	Heterosexual (people of the opposite sex)	Lesbian (both female)	Prefer not to say	(blank)	Grand Total
Halton			7				7
Knowsley		1	16		3		20
Liverpool		2	73	1	8		84
South Sefton / Southport and Formby	1	1	33		4		37
St Helens			10		4		14
Warrington	1		12		4		17
Grand Total	2	4	156	1	24		187

Respondents profiles – relationship status

Area	Divorced	Live with Partner	Married	Other	Separated	Single	Widowed	Grand Total
Halton			3			2	2	7
Knowsley	2		11	1		3	2	19
Liverpool	6	6	49	1	1	16	4	83
South Sefton / Southport and Formby	2	7	18	1	2	5	2	37
St Helens		1	6	2		5		14
Warrington	1		7	2		4	2	16
Grand Total	11	14	96	8	3	37	15	184



Aims and Objectives

		We want our policies to follow the latest medical evidence and clinical guidance.	We want our GPs and consultants to follow the same criteria for referring patients and providing treatments wherever possible.	We want to make sure that NHS resources are spent in the best way for all patients	We want to provide GPs and consultants with clear criteria and guidelines to work with.
Halton	SA	6	5	7	6
	A	1	2	0	1
	NAD	0	0	0	0
	D	0	0	0	0
	SD	0	0	0	0
Knowsley	SA	16	17	17	16
	A	3	3	3	4
	NAD	1	0	0	0
	D	0	0	0	0
	SD	0	0	0	0
Liverpool	SA	70	69	73	71
	A	11	10	4	7
	NAD	0	0	0	0
	D	1	2	1	0
	SD	0	0	0	0

Aims and Objectives

		We want our policies to follow the latest medical evidence and clinical guidance.	We want our GPs and consultants to follow the same criteria for referring patients and providing treatments wherever possible.	We want to make sure that NHS resources are spent in the best way for all patients	We want to provide GPs and consultants with clear criteria and guidelines to work with.
Southport and Formby/South Sefton	SA	29	29	35	30
	A	6	6	2	5
	NAD	2	2	1	3
	D	1	1	0	0
	SD	1	1	1	1
St Helens	SA	10	9	12	11
	A	3	4	0	2
	NAD	1	1	2	1
	D	0	0	0	0
	SD	0	0	0	0
Warrington	SA	10	11	14	13
	A	4	4	0	2
	NAD	0	0	0	0
	D	0	1	0	1
	SD	1	1	2	1

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- [Face and brow lift](#)
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Cataract	Agreement level					
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Grand Total
Halton	0	1	1	1	1	4
Knowsley	7	2	1	0	4	14
Liverpool	23	10	5	9	5	52
South Sefton / Southport and Formby	3	8	3	3	5	22
St Helens	2			1	6	9
Warrington	2		2	1	7	12
Grand Total	39	22	12	15	28	116

Surgical treatment for minor skin lesions

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton			1			1
Knowsley	2	1	1		1	5
Liverpool	11	5	4	2	3	25
South Sefton / Southport and Formby	3	4	1	2	5	15
St Helens	2	1				3
Warrington	2				2	4
Grand Total	20	12	8	4	11	55

Haemorrhoidectomy

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton	0	1	0	0	1	2
Knowsley	3	1	0		2	6
Liverpool	10	6	3	0	3	22
South Sefton / Southport and Formby	4	3	0	0	4	11
St Helens	1	1	0	0		2
Warrington	1	0	0	0	1	2
Grand Total	19	12	3	0	11	45

Surgical removal of Lipoma

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton	1					1
Knowsley	3	1	1		1	6
Liverpool	5	3	2	1	2	13
South Sefton / Southport and Formby	5	2	2	2	4	15
St Helens	2					2
Warrington	1				1	2
Grand Total	17	6	6	3	8	40

Rhinoplasty

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton						
Knowsley	5	1				6
Liverpool	7	4	3	1	3	18
South Sefton / Southport and Formby	2	5	1	1	4	13
St Helens	2	3				5
Warrington	1				2	3
Grand Total	17	13	5	2	9	46

Surgical revision of scars

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton	1					1
Knowsley	4				2	6
Liverpool	9	2	2	1	4	18
South Sefton / Southport and Formby	3	3	3	3	3	15
St Helens	2	1				3
Warrington	2		1		1	4
Grand Total	21	7	7	4	10	49

Laser hair removal for excessive hair growth

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton						
Knowsley	3		1			4
Liverpool	7	1	3	3		14
South Sefton / Southport and Formby	4	3	1	1	4	13
St Helens	3	1			1	5
Warrington	1		1			2
Grand Total	18	5	7	4	5	39

Pinnaplasty – Ear Pinning

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton				1		1
Knowsley	2		2			4
Liverpool	6	3		3	3	15
South Sefton / Southport and Formby	2	3	2		8	15
St Helens	2	1			1	4
Warrington	1				3	4
Grand Total	13	8	5	4	16	46

Breast reduction

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton		1				1
Knowsley	4	1	1		2	8
Liverpool	7	3	1	2	4	17
South Sefton / Southport and Formby	3	5	2	1	2	13
St Helens	2	1		2	1	6
Warrington	1					1
Grand Total	17	11	4	5	9	46

Breast enlargement

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton	1					1
Knowsley	4	1	1			6
Liverpool	7	1	2	3	3	16
South Sefton / Southport and Formby	6	1	2		4	13
St Helens	2	2		1	2	7
Warrington	1	1				2
Grand Total	21	6	5	4	9	45

Breast implant removal

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton				1		1
Knowsley	4	1	1			6
Liverpool	10	1	2		2	15
South Sefton / Southport and Formby	6	2	2	1	2	13
St Helens	3	1				4
Warrington	1		1		1	3
Grand Total	25	5	6	2	5	43

Male breast reduction

Area	Ageement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton					2	2
Knowsley	2	2			1	5
Liverpool	10	2			2	14
South Sefton / Southport and Formby	1		2		1	4
St Helens	3			1	1	5
Warrington	1	1	1		1	4
Grand Total	17	5	3	1	9	35

Laser tattoo removal

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton						
Knowsley	6		1			7
Liverpool	8		3	1	3	15
South Sefton / Southport and Formby	5	2	2		4	13
St Helens	2	2				4
Warrington	2		1			3
Grand Total	23	4	8	1	7	43

Tummy tuck

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton		1				1
Knowsley	2	3			1	6
Liverpool	8	1	3	1	2	15
South Sefton / Southport and Formby	5	1	2	1	3	12
St Helens	3					3
Warrington	1				2	3
Grand Total	19	6	6	2	8	41

Body contouring

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton				1		1
Knowsley	3	1	1	1		6
Liverpool	9	1	3	1	2	16
South Sefton / Southport and Formby	4	2	3	1	2	12
St Helens	2	1				3
Warrington	2		1	1		4
Grand Total	20	5	10	5	4	44

Face and brow lift

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton					1	1
Knowsley	3	1			2	6
Liverpool	8	3		2	4	17
South Sefton / Southport and Formby	3	1	4	1		9
St Helens	2		1			3
Warrington	2				1	3
Grand Total	18	5	7	3	8	41

Male circumcision

Area	Agreement level				Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Strongly disagree	
Halton	2			2	4
Knowsley	4				4
Liverpool	11	1	3	5	20
South Sefton / Southport and Formby	3	1			4
St Helens	4	1		1	6
Warrington	2	2			4
Grand Total	27	5	3	8	43

Treatment for hair loss – Alopecia, male patterned baldness and hair transplantation

Area	Agreement level					Grand Total
	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	
Halton						
Knowsley	6		1			7
Liverpool	8	4	1	1	2	16
South Sefton / Southport and Formby	2	4	2		2	10
St Helens	2					2
Warrington	2					2
Grand Total	21	8	5	1	4	39

Procedures of Lower Clinical Priorities – ‘Reviewing Local Health Policies’

Supporting evidence



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Media

A press release was issued both locally by the CCGs and regionally by the CSU to the following publications.

Publication	Local/Regional	Coverage
Liverpool Echo	Regional/Local (St Helens CCG)	The publication picked this up from a St Helens CCG perspective and tied the project to other headlines for the CCG including financial difficulties.
BBC North West Tonight	Regional	No coverage recorded
ITV Granada	Regional	'Shake up of NHS services in Merseyside & Cheshire' – 4 th July 2017
Made in Liverpool	Regional	No coverage recorded
BBC Radio Merseyside	Regional	No coverage recorded
Global Radio	Regional	No coverage recorded
Baurer Radio	Regional	No coverage recorded
St Helens Star	Local - St Helens	No coverage recorded
Local Life	Local - St Helens	Coverage in summer edition including direction to website for review

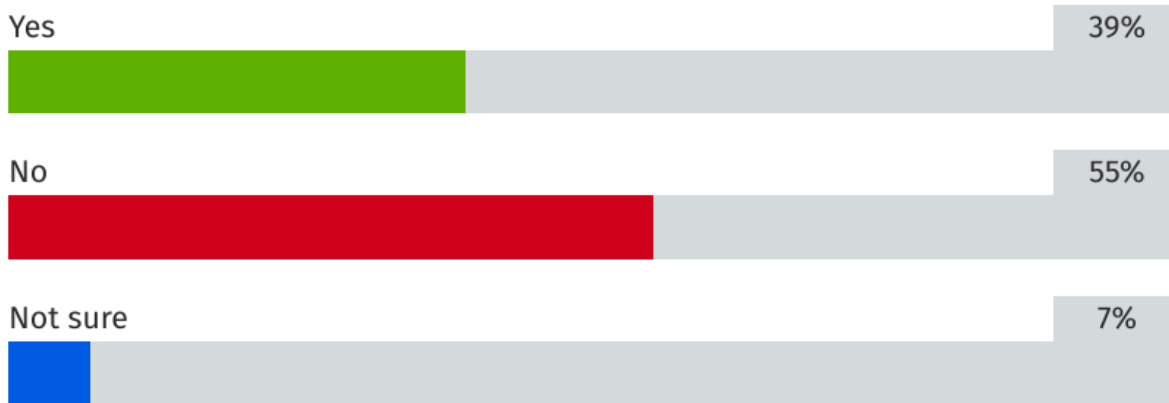
Warrington Guardian	Local - Warrington	<p>4th July - Treatments including nose jobs and tummy tucks may no longer be available on NHS for some residents.</p> <p>This article triggered 24 online comments. These have contributed towards to the comments themes below. Additionally, the media outlet carried out a poll on cosmetic surgery. Please see Figure 1.0 for results.</p> <p>14th July - Health Chiefs review 100 NHS treatments and policies</p>
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Figure 1.0 - Warrington guardian online poll, 4th July 2017.

Reader vote

This poll is now closed

Should some cosmetic procedures be available on the NHS?



Total Votes: 183

Media - online comments key themes

For full comments, please see Appendix 1

Key themes of online comments include the following;

- Reluctant to pay for cosmetic procedures as part of NHS funding.
- Work is potentially linked to NHS cuts and privatisation.
- Agreement that cosmetic procedures should be provided for 'illness' or 'functional' reasons and not purely cosmetic.

Stakeholder engagement

Clinical Engagement

All detailed clinical engagement for suite 1 and 2 policies has been documents within the appendix of this document.



Microsoft Word
Document

Figure 1 Cataract and Botox feedback



Microsoft Word
Document

Figure 2 Phase 2 policies feedback



Microsoft Word
Document

Figure 3 Pinnaplasty feedback



Microsoft Word
Document

Figure 4 Phase 1 policies GP and provider feedback



Microsoft Word
Document

Figure 5 Back pain policies clinical feedback

Third Sector and Provider

Stakeholder	Action	Comments/follow up
4Wings	Email to organisations promoting the survey	
5 Borough Partnerships	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
ABCC (Anfield Breckside Community Council)	Email to organisations promoting the survey	
Al Ghazali	Email to organisations promoting the survey	
Alderhey Hospital	6x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Alive Believers Centre	Email to organisations promoting the survey	
Alt Valley Community Trust	Email to organisations promoting the survey	
Amadudu Women and Children's Refuge	Email to organisations promoting the survey	
Asylum link	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Beacon Counselling Trust	Email to organisations promoting the survey	
Bee Sparkling CIC	Email to organisations promoting the survey	
Big Love Sista CIC	Email to organisations promoting the survey	

Catalyst	Email to organisations promoting the survey	
Changing Faces	121 call with Head of Advocacy	Survey link shared via their channels and social media as well as the organisation themselves responding to the survey
Cobalt Housing	Email to organisations promoting the survey	
Cycling Projects	Email to organisations promoting the survey	
Elevate Potential	Email to organisations promoting the survey	
Emmanuel Westly Foundation	Email to organisations promoting the survey	
Everton in the Community	Email to organisations promoting the survey	
Faiths4Change	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Gather in Circle	Email to organisations promoting the survey	
Greenbank	Email to organisations promoting the survey	
Halton and St Helens VCA	Face to face meeting to discuss policies and potential opportunities for promotion and support	
Healthwatch Halton	4 x emails including content for newsletters and social media to support promotion	
Healthwatch Knowsley	Face to face meeting	
Healthwatch Liverpool	4 x emails including content for newsletters and social media to	

	support promotion	
Healthwatch South Sefton	Face to face meeting	
Healthwatch Southport and Formby	4 x emails including content for newsletters and social media to support promotion	
Healthwatch St Helens	4 x emails including content for newsletters and social media to support promotion	
Healthwatch Warrington	4 x emails including content for newsletters and social media to support promotion	
Home Start Liverpool	Email to organisations promoting the survey	
HOTA	Email to organisations promoting the survey	
Kind	Email to organisations promoting the survey	
LCVS	Email to organisations promoting the survey	
Listening Ear	Email to organisations promoting the survey	
Little Angels Foundation	Email to organisations promoting the survey	
Live Wire	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Liverpool Pride	Email to organisations promoting the survey	
MDI	Email to organisations promoting the survey	
Merseyside Council of Faiths	3x email to share survey link and information with offer of a local	Offer of meeting/focus group not taken up

	meeting or focus group	
Merseyside Domestic	Email to organisations promoting the survey	
Merseyside Polonia	Email to organisations promoting the survey	
Methodist Centre	Email to organisations promoting the survey	
Mpower People	Email to organisations promoting the survey	
MRANG	Email to organisations promoting the survey	
MYA	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Pakistan Association Liverpool	Email to organisations promoting the survey	
Parks Option	Email to organisations promoting the survey	
Prosperity Hub	Email to organisations promoting the survey	
PSS Ltd (UK)	Email to organisations promoting the survey	
Psychological Therapies Unit	Email to organisations promoting the survey	
Raise Ltd	Email to organisations promoting the survey	
Rialto Neighbourhood Council	Email to organisations promoting the survey	
RNIB	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up

Rotunda Ltd	Email to organisations promoting the survey	
Sefton Health and Social Care Forum	Attendance at meeting to discuss project with representatives	Organisation sent link to survey with explanation to 181 contacts
Sefton in Mind	Attendance at meeting to discuss project with representatives	Organisation sent link to survey with explanation to 140 contacts
Sefton Park Day Centre	Email to organisations promoting the survey	
Self Injury Support (Warrington)	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Shrewsbury House	Email to organisations promoting the survey	
Somali Women's Group	Email to organisations promoting the survey	
South Liverpool Domestic Abuse Services	Email to organisations promoting the survey	
SPARC	Email to organisations promoting the survey	
The Blackie	Email to organisations promoting the survey	
Tomorrow's People	Email to organisations promoting the survey	
Violence Services	Email to organisations promoting the survey	
Voice of Nations	Email to organisations promoting the survey	
Warrington ethnic community association	3x email to share survey link and information with offer of a local meeting or focus group	Offer of meeting/focus group not taken up
Women's Organisation	Email to organisations promoting the survey	

Writing on the Wall	Email to organisations promoting the survey	
YPAS	Focus group	Centred around young people and the children's access to services for psychological reasons

Online Activity

	Social media	Website
Knowsley CCG	NA	Dedicated webpage with link to materials and online survey
Liverpool CCG	Continuous promotions via social media platforms through 12 week period	Dedicated webpage with link to materials and online survey
St Helens CCG	Facebooks Ads to promote online survey for Age 18-21 Women and young people	Dedicated webpage with link to materials and online survey
Warrington CCG	Targetted Facebook for younger people and women aged 18-21	Dedicated webpage with link to materials and online survey
Halton CCG	Facebooks Ads to promote online survey for Age 18-21 Women and young people	Dedicated webpage with link to materials and online survey
Southport and Formby CCG	Continuous promotions via social media platforms through 12 week period	Dedicated webpage with link to materials and online survey
South Sefton CCG	Continuous promotions via social media platforms through 12 week period	Dedicated webpage with link to materials and online survey

Meetings and Events

Structure

The following structure was followed at each of the events and meetings attended for PLCP engagement.

At each event or meeting the following materials were provided;

- Hard copies of the survey, including freepost envelope
- Leaflet explaining the rationale for the project
- All attendees were encouraged to complete the surveys

Section	Summary
Introduction to project	<p>Overview provided to the groups explaining that the review of these policies/policy is something which happens on a regular basis to ensure that the policies are in line with the latest medical guidance and the most appropriate for all.</p> <p>The CCGs taking part doing this together were outlined to provide context for the scale of the project. The batch review process was explained, telling groups that there are over 100 policies in total being reviewed. The first batch of policies included 36 which were reviewed and 18 of which have proposed amends or changes made to them. Some of the changes are merely wording updates and clarification and some changes may have a wider impact.</p>
Approach to engagement outlined	<p>Each of the policies has been reviewed and specific groups of people who may potentially be more affected identified in the Equality Impact Assessments. For each of these policies, there has been a mini plan developed for how these cohorts of people might be engaged with, including targeted online activity, face to face group engagement and sharing of the survey amongst third sector groups. The survey is available online, hardcopy and over the phone to ensure that accessibility standards for all are met.</p>
Discussion on aims and objectives	<p>The three main objectives were outlined;</p> <ul style="list-style-type: none"> • Making the most of NHS resources - this not only refers to the finances, but also staff time, operating theatre space, equipment etc. • Make sure that treatments are provided based on up-to date guidelines and the latest methods and technology. • Additionally, where possible, we would like to try and standardise policies and treatments available across the seven CCGs areas. All of this will help move towards patients having more equal access to healthcare.

	<ul style="list-style-type: none"> The session is then opened up to the group to see if they both understand and agree with the aims.
Overview of policies included in batch one	The policies included in batch one are then run through and examples of the engagement is included.
Any specific policies highlighted for discussion by group	The group then have the opportunity to discuss or ask further questions on any of the specific policies and discuss their agreement or disagreement with the proposed changes. In some groups all policies were discussed and in other specific ones were chosen based on attendees interests.
Feedback noted by event/meeting attendee	Feedback is then summarised and agreed with the group to ensure that they are happy with the output and that their views have been heard.
Close	

Aims and Objectives

The following table demonstrated the general consensus reached at the following meetings where the aims and objectives of the project were discussed.

Strongly Agree = SA

Agree = A

Neither Agree nor Disagree = N

Disagree = D

Strongly Disagree = SD

	Aims and Objectives		
	Making the most of NHS resources - this not only refers to the finances, but also staff time, operating theatre	Make sure that treatments are provided based on up-to date guidelines and the latest	Where possible and appropriate, standardise policies and treatments

	space, equipment etc.	methods and technology.	available across the seven CCGs areas.
St Helens - PEIG x3	SA	SA	SA
St Helens- PPG	SA	SA	SA
Warrington - Health Forum	A	SA	SA
Southport and Formby SPOC	Mix of A&D	SA	SA
Healthwatch Knowsley – Focus group	SA	SA	SA
Halton - Peoples health forum	SA	SA	SA
Changing Faces - Call	SA	SA	SA
Healthwatch - South Sefton	50/50 Mix of A&D	SA	SA
South Sefton Consultation and Engagement review panel	SA	SA	SA
Halton PPG	SA	SA	SA

Southport and Formby Community Champions	SA	SA	SA
St Helens OSC	SA	SA	SA
South Sefton - Health and social care forum	SA	SA	SA
Liverpool CCG			
Knowsley PPG			
Halton PPG Plus	SA	SA	SA

Policies

The following table indicated where there have been agreements or disagreements to changes to policies in each meeting.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
St Helens - PEIG x3	Strongly agreed with all other policies			Children's statement 'Children under the age of 16 are able to access services for cosmetic and psychological reasons'	

St Helens-PPG/workshop		<p>Abdominoplasty and apronectomy – Tummy tuck</p> <p>Cataract</p> <p>Face and Brow Lift</p> <p>Hemorrhoidectomy</p> <p>Laser tattoo removal</p> <p>Laser hair removal</p> <p>Male Circumcision</p> <p>Surgical body contouring</p> <p>Surgical correction of scars</p> <p>Surgical removal of lipoma (fatty tissue)</p> <p>Surgical removal of minor skin lesions</p> <p>Surgical treatment for hair loss – hair transplantation</p>	<p>Pinnaplasty and Rhinoplasty- the group were split on this policy and the group did not achieve a consensus. This was predominantly down to some disagreement regarding the potential psychological impact.</p> <p>Removal of breast implants</p>	<p>Breast Enlargement</p> <p>Breast Reduction</p> <p>Male breast reduction - no disagreement with simplifying the policy, however disagree with the policy and would suggest an age bracket be entered.</p>	
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Warrington - Health Forum		All other policies		Removal of Children under 16 having access to treatments for psychological reasons statement	
Southport and Formby SPOC		All Policies			
Healthwatch Knowsley	All policies				
Halton - Peoples health forum	All Policies				
Changing Faces - Call					Removal of Children under 16 having access to treatments for psychological reasons statement
Healthwatch - South Sefton	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels.				
South Sefton Consultation and Engagement review	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels.				

panel					
Halton PPG	All Policies				
Southport and Formby Community Champions	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels.				
South Sefton - Health and social care forum		All policies			
Liverpool CCG					
Knowsley PPG					
Halton PPG Plus	All policies				
Sefton in Mind	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels.				
Southport and Formby and Southport and Seftons CCGs 'Big Chat' events	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels. Leaflets, hard copy surveys and freepost envelopes were available event.				
Sefton Council's Public	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels.				

Engagement and Consultation Panel	Leaflets, hard copy surveys and freepost envelopes were available event
CCGs' Engagement and Patient Experience Group (EPEG)	Those at the meeting discussed, but shared views via completion of surveys individually, as well as sharing the survey via their channels. Leaflets, hard copy surveys and freepost envelopes were available event

Reasons for agreeing

The following table highlights the key themes for agreement at meetings and events. These themes are in line with those highlighted in the survey also.

Policies	Themes					
	Making it simple for people to access	More clear wording and easier to understand	Improved quality of life	Positive Psychological Impact	Making access to treatments more fair	Using NHS resources in the best way possible
Cataract	X	X	X	X		
Surgical and laser treatment for minor skin lesions						X
Haemorrhoidectomy	X	X	X			
Surgical Treatment for Removal of Lipoma in Secondary Care						X
Rhinoplasty					X	X
Hair removal treatment including depilation and laser					X	X

treatment of electrolysis						
Pinnaplasty					X	X
Female reduction of mammoplasty	X				X	X
Removal of breast implants					X	X
Laser tattoo removal					X	X
Abdominoplasty and apronectomy	X	X				
Cosmetic surgery for body contouring	X	X				
Rhytidectomy	X	X				
Male Circumcision			X			X
Treatments for hairloss	X	X				

Reasons for disagreeing

The following table highlights the key themes for disagreement at meetings and events. These themes are in line with those highlighted in the survey also.

Policies	Themes			
	Concern over removal of clinicians power to make judgement	Negative Psychological impact	Concerns this is purely a cost cutting exercise	Concerns this might make waiting times longer
Cataract	X			X
Surgical and laser treatment for minor		X	X	

skin lesions				
Haemorrhoidectomy	X			
Surgical Treatment for Removal of Lipoma in Secondary Care	No disagreement			
Rhinoplasty		X		
Hair removal treatment including depilation and laser treatment of electrolysis	No disagreement			
Pinnaplasty		X	X	
Female reduction of mammoplasty		X		
Removal of breast implants	No disagreement			
Laser tattoo removal	No disagreement			
Abdominoplasty and apronectomy	No disagreement			
Cosmetic surgery for body contouring	No disagreement			
Rhytidectomy	No disagreement			
Male Circumcision	No disagreement			
Treatments for hairloss		X		

Appendix

Appendix 1 – Online media comments – Warrington Guardian

Good! I don't work full time and pay national insurance to pay for someone's cosmetic surgery!!!

Can't you see what you've just fallen for? Its misdirection and you've just been conned by this group and the Warrington Guardian. By positioning cosmetic surgery to the front this story, they've got you to nod along with them. Either that or you've been employed to set the narrative

Slowly but surely privatisation of the NHS is beginning to happen.

The NHS has been misused by some for years, it was only a matter of time before those costs became critical. Having said that NHS management also has a case to answer for allowing this situation to develop.

Too bad most people are still too blind to see it. Wastage is simply a ruse used by the vile Tory scum to fuel it's privatisation. The Tories have wasted billions on this venture that could have gone in to actually funding the NHS. The tendering process alone is a costly waste of money.

If people truly believe that the 'abusers' of the NHS are responsible for it's downfall, they are part of the problem. The NHS was running at a surplus in 2010. This deficit has been deliberately and whole engineered for their gain, at the expense of all of us.

Cosmetic surgery should not be an NHS treatment unless it has been due to an illness

You should ask the question what else is being axed and don't fall for this. You have only read what they want you to read

Should be done for people who have had accident or illness but not for vanity. I went to Warrington general for a problem with my eye. Got refused surgery but the doctor while on a NHS consultation said he could do it for 1,800 private!!!

Hopefully making cutbacks like this will prolong the NHS. Good move.

No it won't. Unless you've been asleep for the last 7 years, the Tories have gone all out to run the NHS into the ground and privatise many of the most 'profitable' services, while at the expense of other essential services that can't make a profit for these sub humans. The head of NHS England has spent his 7 years in his previous role within the American Health Insurance system, which by the way bankrupts over 600,000 Americans each year. These cut backs along with every other aspect of restructuring are nothing at all to do with prolonging the NHS, it is about preparing it for the great sell off. By that time, there will be no NHS left and we will all be paying astronomical amounts for treatment and insurance.

Absolutely spot on

What a ridiculous comment. It's a race to the bottom and you're happy to take part.

I can only agree with Warrington Wife....too much is wasted on totally unnecessary cosmetic surgery to pamper to vanity. If a procedure isn't medically necessary it shouldn't be carried out on

the NHS. Furthermore anybody without a NI no should not be treated unless an emergency and then billed a later date!

And I can only agree that you and Warrington Wife have been hoodwinked by the Tory propagandist machine. Far more is wasted on top down restructuring and contract tendering, but what ever daily **** rag you both read won't tell you that. All it will tell bigots like you is that vane people wanting cosmetic surgery and immigrants are responsible for all the ills of the NHS. Wake up for **** sake.

Too bad most people are still too blind to see that this NHS crisis has been deliberately engineered by the Tories. Wastage is simply a ruse used by the vile Tory scum to fuel it's privatisation. The Tories have wasted billions on this venture that could have gone in to actually funding the NHS. The tendering process alone is a costly waste of money.

If people truly believe that the 'abusers' of the NHS are responsible for it's downfall, they are part of the problem. The NHS was running at a surplus in 2010. This deficit has been deliberately and whole engineered for the Tory scum gain, at the expense of all of us.

The NHS should be for people who need treatment not who simply want stuff

Want stuff?? You mean like urgent treatment for the stroke they're having that is now unavailable in warrington?

cosmetic surgeries such as nose jobs, face and brow lifts, breast reductions and augmentations, tummy tucks, the removal of breast implants and surgery to remove moles and freckles, hair-loss cures, laser tattoo removals, surgical scar reductions. All not necessary.

Other procedures under review include cataract treatments, haemorrhoidectomies. I wouldn't consider these to be cosmetic. Why are they under review.

And penile implants? What are they? Cosmetic? Are the NHS making a rod for their own backs? They need to stiffen their resolve and cut-out cosmetic surgery on the NHS.

Cataract treatments, hemorrhoidectomies, should be available. Who wants hemorrhoids and be unable to see. The rich who avoid paying their taxes will just go privately.

Can understand that most would be deemed to be cosmetic but Cataracts - thought having them removed could save someone's sight - so would deem that to be a very needy and worthwhile procedure.

END

Overall Survey and Focus Group results

Suite 1 and 2 policies



Survey results

Respondent Profiles



Respondent types

	Response percent	Response total
As a member of the public	94.12%	176
On behalf of an organisation (private or voluntary / charity)	5.88%	11

Organisations

Merseyside Jewish Care and Childwall Hebrew Congregation

Bridge Community Centre L4 9rg

Ravenhead Foyer

Liverpool Muslim Society

Sanctuary Family Support

Parkinson's UK Southport and District Branch

Central Mersey Local Optical Committee

Faiths4Change-Charity

Saints community foundation

Healthwatch Knowsley and Knowsley Older Peoples Voice

Changing Faces

Respondent types

	Response percent	Response total
NHS Organisation e.g. local hospital	17.61%	31
Voluntary / Charitable organisation e.g. HealthWatch	12.50%	22
None	61.93%	109
Any other organisation (please specify)	7.95%	14

Total of respondents	187
Statistics based number of response	176
Filtered	0
Skipped	11



Respondent types

	Response percent	Response total
NHS Organisation e.g. local hospital	17.61%	31
Voluntary / Charitable organisation e.g. HealthWatch	12.50%	22
None	61.93%	109
Any other organisation (please specify)	7.95%	14

Total of respondents	187
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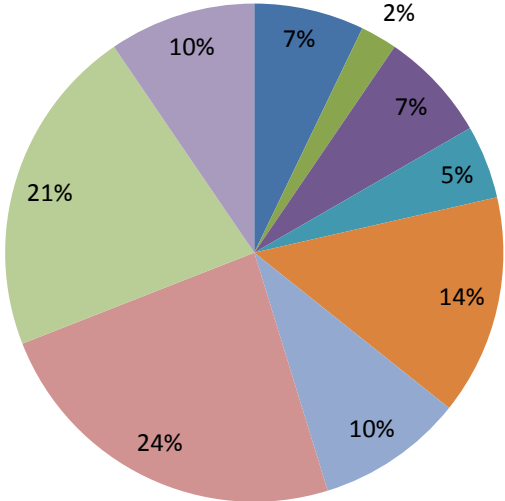
Respondent types



Please tell us if you care for someone and how old they are.	Response percent	Response total
No	77.96%	145
Yes (Please give the age of the person you care for)	22.04%	41

Age of person being cared for

■ 0-9
 ■ 10-19
 ■ 20-29
 ■ 30-39
 ■ 40-49
 ■ 50-59
 ■ 60-69
 ■ 70-79
 ■ 80-89
 ■ 90-99



Respondent types

What is your age?	Response percent	Response total
10 - 14	0.00%	0
15 - 19	1.66%	3
20 - 24	2.21%	4
25 - 29	3.87%	7
30 - 34	3.31%	6
35 - 39	4.97%	9
40 - 44	6.08%	11
45 - 49	8.84%	16
50 - 54	7.18%	13
55 - 59	13.26%	24
60 - 64	11.60%	21
65 - 69	17.68%	32
70 - 74	8.29%	15
75 - 79	5.52%	10
80+	5.52%	10



Respondent types

What is your religion or belief?	Response percent	Response total
Hinduism	0.53%	1
Christianity	55.61%	104
Judaism	1.07%	2
Buddhism	0.53%	1
Islam	2.14%	4
Sikhism	0.00%	0
Atheist / no religion	23.53%	44
Prefer not to say	10.16%	19
Other, please state	6.42%	12

What is your gender?	Response percent	Response total
Male	35.29%	66
Female	59.36%	111
Intersex	0.00%	0
Prefer not to say	4.81%	9
Other	0.53%	1

Respondent types

Have you ever identified as a transgender or trans person? Equality organisations use the terms “transgender” and “trans” as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.	Response percent	Response total
Yes	0.53%	1
No	94.12%	176
Prefer not to say	5.35%	10

What is your sexual orientation?	Response percent	Response total
Heterosexual (people of the opposite sex)	83.42%	156
Gay (both men)	2.14%	4
Lesbian (both female)	0.53%	1
Bisexual (people of either sex)	1.07%	2
Prefer not to say	12.83%	24



Respondent types

What is your relationship status?	Response percent	Response total
Married	52.17%	96
Single	20.11%	37
Divorced	5.98%	11
Live with Partner	7.61%	14
Separated	1.63%	3
Widowed	8.15%	15
Civil Partnership	0.00%	0
Other	4.35%	8

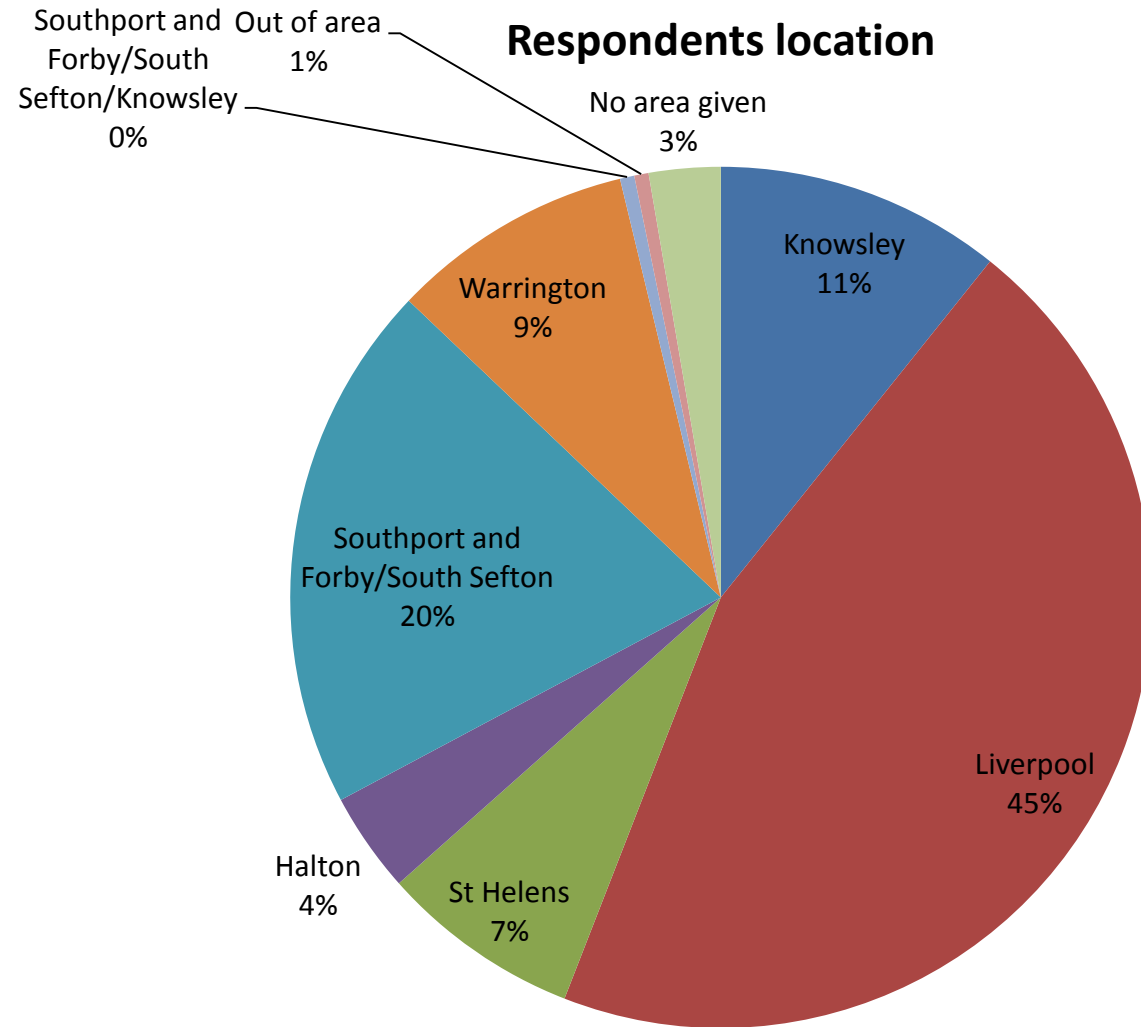
We need to know we've spoken to women who are pregnant or have recently given birth. Please tick as appropriate	Response percent	Response total
Currently pregnant	0.00%	0
Given birth within the last 26 week period	0.89%	1
Given birth within the last 27 to 52 week period	0.89%	1
Plan to become pregnant within the next 6 months	1.79%	2
No plans to become pregnant in the next 6 months	75.89%	85
Prefer not to say	20.54%	23

Respondent types

Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).	Response percent	Response total
I do not consider myself to have a disability	69.52%	130
Physical impairment	8.56%	16
Sensory impairment	1.60%	3
Mental health need	2.67%	5
Learning disability or difficulty	0.53%	1
Long term illness	11.76%	22
Prefer not to say	7.49%	14
Other (please state)	3.21%	6

Respondent volume by area

Area	Volume	Percentage
Knowsley	20	11%
Liverpool	84	45%
St Helens	14	8%
Halton	7	4%
Southport and Forby/South Sefton	37	20%
Warrington	17	9%
Southport and Forby/South Sefton/Knowsley	1	1%
Out of area	1	1%
No area given	5	3%



Policy Survey Results

Including all seven CCG results



Number of responses per policy

	Response percent	Response total
Cataract Surgery	62.03%	116
Surgical and laser treatments for minor skin lesions	29.41%	55
Rectal Surgery & Removal of Haemorrhoidal Skin Tags - Haemorrhoidectomy	24.06%	45
Removal of 'fatty tissues' - Surgical Treatment for Removal of Lipoma in Secondary Care	21.39%	40
Surgery to Reshape the Nose 'nose job' - Rhinoplasty	24.60%	46
Surgery to improve or correct scars - Surgical revision of scars	26.20%	49
Hair Removal Treatments including Depilation and Laser Treatment or Electrolysis – for Hirsutism	20.86%	39
Ear pinning - Pinnaplasty	24.60%	46
Breast reduction - Female reduction of mammoplasty	24.60%	46
Breast Enlargement - Augmentation Mammoplasty	24.06%	45
Removal of Breast Implants	22.99%	43
Male Breast Reduction	18.72%	35
Laser Tattoo Removal	22.99%	43
'Tummy tuck' - Abdomioplasty and Apronectomy	21.93%	41
Removal of excess skin - Cosmetic Surgery for Body Contouring	23.53%	44
Face and Brow Lift - Rhytidectomy	21.93%	41
Male Circumcision – For Clinical Reasons only	22.99%	43
Treatments for hairloss - 3 policies merging into 1 including Alopecia, Male Patterned Baldness and Hair Transplantation	20.86%	39

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	21.55%	25
Had a close family member receive this treatment	40.52%	47
Had a close friend receive this treatment	11.21%	13
I am aware of it, but have not used it	44.83%	52

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	33.62%	39
Slightly agree	18.97%	22
Neither agree nor disagree	10.34%	12
Slightly disagree	12.93%	15
Strongly disagree	24.14%	28

Cataract – Reason for Agreement or Disagreement

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	12	13.95%
Do not agree or feel confident with some or all of new criteria/policies	7	8.14%
Consider the impact on patient's quality of life if these procedures are removed/not available	38	44.19%
Do not fully understand the criteria/policies and they need to be made clearer	11	12.79%
The procedure should only be available for medical reasons on the NHS	1	1.16%
More awareness/education is needed in the general public around the policy	1	1.16%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	4	4.65%
The policy is masking a hidden agenda i.e. cost savings	4	4.65%
More awareness/education is needed in the general public around patient conditions	2	2.33%
Referral is important	2	2.33%
Do not agree or feel confident with some or all of new criteria/policies	4	4.65%

These comments were as a result of a media outlet reporting that this surgery might become unavailable.

Cataract – Suggestion for policy

Theme	Volume	Percentage
Easy referral is important	6	16.22%
Consider the impact on patient's quality of life if these procedures are removed/not available	4	10.81%
Do not agree or feel confident with some or all of new criteria/policies – Concerns this procedure might be removed as a result of media article	20	54.05%
More awareness/education is needed in the general public around patient conditions	1	2.70%
The policy is masking a hidden agenda i.e. cost savings	1	2.70%
Do not fully understand the criteria/policies and they need to be made clearer – examples of clinical measurements to be included	5	13.51%

Cataract – Sample comments

Answering lifestyle questions might not always tell you if you need this doing.

In many cases cataract treatment is essential to prevent further deterioration

I feel it should be a right for everyone to have this surgery to enhance their current life style or improve it for their independence

Will reduce numbers of inappropriate procedures undertaken

Individuals lifestyles differ a great deal and individual circumstances and lifestyle should be taken into account.

It makes the process more straightforward

I feel that this surgery can have a life changing effect if successful

The degree of visual impairment should not be extreme as older people who may already have problems with balance or hearing may rely more on eyesight.



Surgical and Laser treatments for minor skin lesion

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	27.27%	15
Had a close family member receive this treatment	20.00%	11
Had a close friend receive this treatment	9.09%	5
I am aware of it, but have not used it	50.91%	28

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	36.36%	20
Slightly agree	21.82%	12
Neither agree nor disagree	14.55%	8
Slightly Disagree	7.27%	4
Strongly disagree	20.00%	11

Surgical and Laser treatments for minor skin lesion

– Reasons for agreement and disagreement

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	11.11%
Psychological problems could occur if issue(s) left untreated	4	22.22%
Consider the impact on patient's quality of life if these procedures are removed/not available	2	11.11%
Do not fully understand the criteria/policies and they need to be made clearer	1	5.56%
Do not agree with age requirement change	4	22.22%
Do not agree or feel confident with some or all of new criteria/policies	2	11.11%
The policy is masking a hidden agenda i.e. cost savings	1	5.56%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	2	11.11%

Surgical and Laser treatments for minor skin lesion – Changes to the proposed policy you would recommend

Theme	Total	Percentage
Do not agree or feel confident with some or all of new criteria/policies	5	31.25%
Referral is important	3	18.75%
More awareness/education is needed in the general public around the policy	1	6.25%
More awareness/education is needed in the general public around patient conditions	1	6.25%
Do not agree with age requirement change	3	18.75%
Psychological problems could occur if issue(s) left untreated	1	6.25%
Do not want to be treated by a private company	1	6.25%
The policy is masking a hidden agenda i.e. cost savings	1	6.25%

Surgical and Laser treatments for minor skin lesion

– Sample comments

The most serious cases will be funded.

Skin lesions in children, were not facial, but still visible, still require removal if they impact on the appearance of the child e.g. A prominent visible mole which grows as the child grows.

makes sense to clarify, evidence based, not cosmetic

This procedure should be commissioned at a primary care level

What may appear to the patient or others to be a "minor skin lesion" may actually be malignant melanoma, actinic ketatosis or basal cell carcinoma, or any one of hundreds of other skin conditions. Diagnosis is complex and calls for great experience and skill on the part of the diagnostician. Any skin abnormality should be examined quickly by an expert, and should not be dismissed as unnecessary worry, especially in the case of children and the elderly.

All skin lesions should be candidate for removal as they affect people's sense of wellbeing with their own bodies.

I would support this if it were still possible for GPs to conduct minor surgery

There can be lesions that cause irritation which are not visible. These may not be covered as it suggested only facial ones were considered. I have had ones that became partly detached and infected around my bra line.

Rectal Surgery & Removal of Haemorrhoidal Skin Tags - Haemorrhoidectomy

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	4.44%	2
Had a close family member receive this treatment	4.44%	2
Had a close friend receive this treatment	8.89%	4
I am aware of it, but have not used it	82.67%	39

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	42.22%	19
Slightly agree	26.67%	12
Neither agree nor disagree	6.67%	3
Slightly disagree	2.22%	1
Strongly disagree	22.22%	10

Rectal Surgery & Removal of Haemorrhoidal Skin Tags - Haemorrhoidectomy – Reasons for agreement and disagreement

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	10.00%
Do not agree or feel confident with some or all of new criteria/policies	8	40.00%
Consider the impact on patient's quality of life if these procedures are removed/not available	3	15.00%
Referral is important	2	10.00%
More awareness/education is needed in the general public around patient conditions	1	5.00%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	2	10.00%
The policy is masking a hidden agenda i.e. cost savings	2	10.00%

Rectal Surgery & Removal of Haemorrhoidal Skin Tags - Haemorrhoidectomy – Changes to the proposed policy you would recommend

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	1	7.14%
Do not agree or feel confident with some or all of new criteria/policies	5	35.71%
Referral is important	2	14.29%
Psychological assessment should be carried out on all patients before a decision is made	1	7.14%
Consider the impact on patient's quality of life if these procedures are removed/not available	1	7.14%
More awareness/education is needed in the general public around patient conditions	2	14.29%
More respect for the condition/procedure is needed by staff	1	7.14%
The policy is masking a hidden agenda i.e. cost savings	1	7.14%

Rectal Surgery & Removal of Haemorrhoidal Skin Tags - Haemorrhoidectomy – Sample comments

Once again the logical approach as serious issues will be funded.

The policy needs tightening to be consistent with the evidence and save costs

As the proposal suggests there are many other options to offer before a need to operate

This is a condition that can be coped with but would ease strain if carried out in line with evidence

Removal of 'fatty tissues' - Surgical Treatment for Removal of Lipoma in Secondary Care

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	10.00%	4
Had a close family member receive this treatment	5.00%	2
Had a close friend receive this treatment	5.00%	2
I am aware of it, but have not used it	80.00%	34

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	42.50%	17
Slightly agree	15.00%	6
Neither agree nor disagree	15.00%	6
Slightly disagree	7.50%	3
Strongly disagree	20.00%	8

Removal of 'fatty tissues' - Surgical Treatment for Removal of Lipoma in Secondary Care – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	11.76%
Do not agree or feel confident with some or all of new criteria/policies	7	41.18%
Do not fully understand the criteria/policies and they need to be made clearer	1	5.88%
By not spending money on this treatment the NHS will spend more money on other services	1	5.88%
Policies do not cover certain conditions/illness (e.g. mental health)	1	5.88%
The policy is masking a hidden agenda i.e. cost savings	1	5.88%
More respect for the condition/procedure is needed by staff	1	5.88%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.88%
The procedure should only be available for medical reasons on the NHS	2	11.76%

Removal of 'fatty tissues' - Surgical Treatment for Removal of Lipoma in Secondary Care – changes to proposed policy you would recommend

Theme	Volume	Percentage
Do not agree or feel confident with some or all of new criteria/policies	3	25.00%
Do not fully understand the criteria/policies and they need to be made clearer	1	8.33%
More awareness/education is needed in the general public around the policy	1	8.33%
More awareness/education is needed in the general public around patient conditions	1	8.33%
The procedure should only be available for medical reasons on the NHS	4	33.33%
More respect for the condition/procedure is needed by staff	1	8.33%
The policy is masking a hidden agenda i.e. cost savings	1	8.33%

Removal of 'fatty tissues' - Surgical Treatment for Removal of Lipoma in Secondary Care – Sample comments

Once again, you would not go for this treatment, only as a last resort

Biopsy first punch biopsy to ascertain histology.

More important

Financial grounds, down to the patient.

See first comment

Rhinoplasty – Surgical reshape of the nose

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	2.17%	1
Had a close family member receive this treatment	15.22%	7
Had a close friend receive this treatment	6.52%	3
I am aware of it, but have not used it	76.09%	35

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	36.96%	17
Slightly agree	28.26%	13
Neither agree nor disagree	10.87%	5
Slightly disagree	4.35%	2
Strongly disagree	19.57%	9

Rhinoplasty – Surgical reshape of the nose – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	5.71%
Do not agree or feel confident with some or all of new criteria/policies	7	20.00%
Do not fully understand the criteria/policies and they need to be made clearer	1	2.86%
The procedure should only be available for medical reasons on the NHS	7	20.00%
Correction surgery as a result of private surgery should not be available on the NHS	2	5.71%
Everyone should be treated equally/fairly	2	5.71%
Do not agree with age requirement change	7	20.00%
Psychological assessment should be carried out on all patients before a decision is made	1	2.86%
Psychological problems could occur if issue(s) left untreated	3	8.57%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	2.86%
Consider the impact on patient's quality of life if these procedures are removed/not available	2	5.71%

Rhinoplasty – Surgical reshape of the nose – Changes for proposed policy you would recommend

Theme	Volume	Percentage
Do not agree or feel confident with some or all of new criteria/policies	7	25.93%
Do not fully understand the criteria/policies and they need to be made clearer	1	3.70%
Do not agree with age requirement change	5	18.52%
Correction surgery as a result of private surgery should not be available on the NHS	1	3.70%
Psychological problems could occur if issue(s) left untreated	5	18.52%
Consider the impact on patient's quality of life if these procedures are removed/not available	6	22.22%
The procedure should only be available for medical reasons on the NHS	2	7.41%

Rhinoplasty – Surgical reshape of the nose – Sample comments



I don't think that rhinoplasty should be available to anyone unless they have suffered very serious injury or birth deformity.

Anyone over the age of 16 who wants a "nose job" should have to fund it themselves

This should only be available in extreme cases

I don't think this is a medical requirement or should be available on NHS

I am struggling to understand the rationale of removing the separate criteria for children under 16 years on the grounds of equality of access. I believe that the negative impact of disfigurement to children is greater and can have life long consequences. Indicating that there will be psychological remedy for these impacts is dishonest and would be rendered unnecessary by early intervention.

Makes sense to clarify, evidence based, not cosmetic

Surgical Revision of Scars

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	2.04%	1
Had a close family member receive this treatment	4.08%	2
Had a close friend receive this treatment	8.16%	4
I am aware of it, but have not used it	85.71%	42

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	42.86%	21
Slightly agree	14.29%	7
Neither agree nor disagree	14.29%	7
Slightly disagree	8.16%	4
Strongly disagree	20.41%	10

Surgical Revision of Scars – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
Do not agree with age requirement change	2	5.26%
Consider the impact on patient's quality of life if these procedures are removed/not available	5	13.16%
Fully agree and feel confident with all the new criteria/policies	7	18.42%
Psychological problems could occur if issue(s) left untreated	8	21.05%
The decision for the procedure should be made by health care professionals	2	5.26%
Do not agree or feel confident with some or all of new criteria/policies	4	10.53%
By not spending money on this treatment the NHS will spend more money on other services	2	5.26%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	5	13.16%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	2	5.26%
Everyone should be treated equally/fairly	1	2.63%

Surgical Revision of Scars – Changes to proposed policy you would recommend

Theme	Volume	Percentage
Psychological assessment should be carried out on all patients before a decision is made	1	6.25%
The decision for the procedure should be made by health care professionals	1	6.25%
The decision for the procedure should be made by health care professionals	1	6.25%
Do not agree with age requirement change	1	6.25%
Psychological problems could occur if issue(s) left untreated	1	6.25%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	3	18.75%
Fully agree and feel confident with all the new criteria/policies	1	6.25%
Everyone should be treated equally/fairly	1	6.25%
Alternative options/support to surgery should be offered	2	12.50%
Referral is important	1	6.25%
Do not agree with age requirement change	1	6.25%
More respect for the condition/procedure is needed by staff	1	6.25%
Do not agree or feel confident with some or all of new criteria/policies	1	6.25%

Surgical Revision of Scars – Sample comments

it is clear and acceptable

The impact on quality of life and mental health of scars is a inevitably a subjective manner and should be left to the discretion of the doctor in consultation with the patient .

makes sense to clarify, evidence based, not cosmetic

The criteria doesnt allow for enough flexibility or discretion to be applied by the clinician. The cost to the individual and the taxpayer if an individual is likely to be affected psychologically, which in turn could lead to a requirement to need treatment for depression and impact economic contribution of the individual, could be greater than the cost of treating the issue.

Scarring can be vastly more distressing than is normally realised, especially when it results from criminal activity, e.g. children scarred through dog attacks, slashing/stabbing, acid attacks, vehicle attacks in which the scarred person was an innocent party, scarring caused by incompetent cosmetic surgery, scarring due to the surgeon being competent in his own field but not in the field of cosmetic surgery, e.g. scars following heart pacemaker implants, and even circumcision scarring.

Unless causing pain or for assistance I. Healing should not be considered

Scar removal will improve the quality of life of the individual concerned. The assessment to determine whether such treatment should be undertaken should be based mainly on the GP's assessment of the individual's mental and physical wellbeing.

"Severe" seems like quite a high bar when someone has had a disfiguring accident.

Would question the cost savings of excluding under 16s, when factoring in psychology costs and impact on social development

I agree that fair treatment is necessary for all. I do however believe that there are major psychological considerations where scars are involved and revisions should be something that anyone with severe scarring can access without having to make an individual application.

Should only be available to improve functionality or following sever injury

Hair Removal Treatments including Depilation and Laser Treatment or Electrolysis – for Hirsutism

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	5.13%	2
Had a close family member receive this treatment	7.69%	3
Had a close friend receive this treatment	5.13%	2
I am aware of it, but have not used it	82.05%	32

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	46.15%	18
Slightly agree	12.82%	5
Neither agree nor disagree	17.95%	7
Slightly disagree	10.26%	4
Strongly disagree	12.82%	5

Hair Removal Treatments including Depilation and Laser Treatment or Electrolysis – for Hirsutism – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
The procedure should not be available on the NHS under any circumstances	3	15.00%
Fully agree and feel confident with all the new criteria/policies	3	15.00%
The procedure should only be available for medical reasons on the NHS	1	5.00%
Psychological problems could occur if issue(s) left untreated	3	15.00%
Consider the impact on patient's quality of life if these procedures are removed/not available	3	15.00%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	3	15.00%
Consider the impact on patient's quality of life if these procedures are removed/not available	2	10.00%
Do not agree or feel confident with some or all of new criteria/policies	1	5.00%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.00%

Hair Removal Treatments including Depilation and Laser Treatment or Electrolysis – for Hirsutism – Changes to proposed policy you would recommend

Themes	Volume	Percentage
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	1	11.11%
Do not agree or feel confident with some or all of new criteria/policies	1	11.11%
The procedure should not be available on the NHS under any circumstances	2	22.22%
The procedure should only be available for medical reasons on the NHS	4	44.44%
Alternative options/support to surgery should be offered	1	11.11%

Hair Removal Treatments including Depilation and Laser Treatment or Electrolysis – for Hirsutism – Sample comments

I do not think that purely cosmetic procedures should be funded by nhs

Unless needed to be removed urgently due to health reasons

makes sense to clarify, evidence based, not cosmetic

Strongly object to the link to BMI , no clinical reason and a disgraceful attack on vulnerable members of the community

PAID PRIVATE NOT ON THE NHS...

The BMI requirement seems harsh. If someone has this and it affects their self esteem it could be harder for them to adapt to healthier eating and lifestyle.

I feel that patients with an endocrine disorder causing hirsutism should still be able to access these hair removal treatments, subject to the previous criteria.

It was hard enough to be considered for this treatment as a sufferer of Polycystic Ovaries syndrome and even when I did the six sessions provided are not enough to give long-lasting results. The effects hirsutism has on my mental health have been detrimental and I am undergoing other NHS treatment to deal with the depression. Money would be better spent providing the treatment so that ongoing costs for Mental Health difficulties are not racked up. I can assure you that more money has been spent on me for Mental Health difficulties owing to the delay and lack of treatment for hirsutism than would be spent on ongoing laser hair removal.

Shouldn't be available on NHS

For some people it can be very unpleasant. I am hirsute but have fair hair. I know of friends who had dark hair which can be distressing for teenagers.

There are lots of ways you can remove excess hair for cosmetic reasons and not all are really expensive.

Ear Pinning – Pinnaplasty

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	8.70%	4
Had a close family member receive this treatment	6.52%	3
Had a close friend receive this treatment	6.52%	3
I am aware of it, but have not used it	78.26%	36

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	28.26%	13
Slightly agree	17.39%	8
Neither agree nor disagree	10.87%	5
Slightly disagree	8.70%	4
Strongly disagree	34.78%	16

Ear Pinning – Pinnaplasty – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
The procedure should not be available on the NHS under any circumstances	3	6.25%
Fully agree and feel confident with all the new criteria/policies	1	2.08%
Psychological assessment should be carried out on all patients before a decision is made	3	6.25%
Psychological problems could occur if issue(s) left untreated	12	25.00%
Consider the impact on patient's quality of life if these procedures are removed/not available	13	27.08%
Do not agree or feel confident with some or all of new criteria/policies	3	6.25%
Do not agree with age requirement change	8	16.67%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	2.08%
By not spending money on this treatment the NHS will spend more money on other services	3	6.25%
The policy is masking a hidden agenda i.e. cost savings	1	2.08%

Ear Pinning – Pinnaplasty – Changes to proposed policy you would recommend

Theme	Volume	Percentage
The procedure should only be available for medical reasons on the NHS	1	4.76%
Do not agree with age requirement change	1	4.76%
The decision for the procedure should be made by health care professionals	1	4.76%
Do not agree with age requirement change	6	28.57%
Psychological problems could occur if issue(s) left untreated	2	9.52%
The decision for the procedure should be made by health care professionals	1	4.76%
Do not agree or feel confident with some or all of new criteria/policies	4	19.05%
Do not change the criteria/policy	3	14.29%
The procedure should not be available on the NHS under any circumstances	2	9.52%

Ear Pinning – Pinnaplasty – Sample comments

The psychological impact of any condition should not be underestimated. Your policy risk being discriminatory if it does not give clear guidelines about access to surgery based on psychological distress. It should not be assumed that this approach is a way of 'getting around things' neither should this become onerous to local mental health services- ie psychiatric assessment needed. Health psychologists should be able to make this assessment.

I am struggling to understand the rationale of removing the separate criteria for children under 16 years on the grounds of equality of access. I believe that the negative impact of disfigurement to children is greater and can have life long consequences. Indicating that there will be psychological remedy for these impacts is dishonest and would be rendered unnecessary by early intervention.

Children under 16yrs should be able to have this procedure if they are not coping psychologically also added pressure by other children can be so cruel.

I received this surgery as a young teenager . it changed my life as I had been very self conscious of my 'jug ears ' and had been bullied about them

The cost to the individual of potential harmful affects to their self-esteem, and for children the risk of bullying, could be far greater than treating the condition.

Ear pinning can dramatically improve the quality of life of the individual concerned. The assessment to determine whether such treatment should be undertaken should be based mainly on the GP's assessment of the individual's mental and physical wellbeing.

I had this procedure (although under general anaesthetic) when I was an introverted 15-year-old and I dread to think of how my confidence levels would have been affected up to this day had I not had it done. It was seriously life-changing to me and so restricting the availability of the procedure is of concern.

this could lead to more demand on mental health cases

I strongly disagree with this change, as a teacher I see a number of students aged between 11 and 16 struggle psychologically with this issue but who are getting treatment needed and have seen students then have the confidence to thrive fully within education because they no longer have to think and worry about this issue.

Would not provide this on nhs

I think this will result in a finance driven decision. The psychological impact of not being able to have this op are devastating to the individual.

Depends on the individual circumstances e.g personality, are they being bullied?

Female Breast Reduction

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	6.52%	3
Had a close friend receive this treatment	6.52%	3
I am aware of it, but have not used it	86.96%	40

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	36.96%	17
Slightly agree	23.91%	11
Neither agree nor disagree	8.70%	4
Slightly disagree	10.87%	5
Strongly disagree	19.57%	9

Female Breast Reduction – Reasons for agreeing or disagreeing

Theme	Volume	Percentage
The procedure should not be available on the NHS under any circumstances	2	7.69%
Do not agree with age requirement change	3	11.54%
The policy is masking a hidden agenda i.e. cost savings	1	3.85%
The procedure should only be available for medical reasons on the NHS	2	7.69%
Fully agree and feel confident with all the new criteria/policies	2	7.69%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables – e.g changing age is not valid	5	19.23%
Psychological assessment should be carried out on all patients before a decision is made	1	3.85%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	3	11.54%
Do not agree or feel confident with some or all of new criteria/policies	1	3.85%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	3.85%
Physical problems could occur if issue(s) left untreated	4	15.38%
Psychological problems could occur if issue(s) left untreated	1	3.85%

Female Breast Reduction – Changes to proposed policy you would recommend

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	1	5.88%
Do not agree or feel confident with some or all of new criteria/policies	3	17.65%
Physical problems could occur if issue(s) left untreated	2	11.76%
Psychological problems could occur if issue(s) left untreated	1	5.88%
Do not agree with age requirement change	1	5.88%
The procedure should not be available on the NHS under any circumstances	1	5.88%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	3	17.65%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables – changes to age	3	17.65%
Psychological assessment should be carried out on all patients before a decision is made	1	5.88%
Do not change the criteria	1	5.88%

Female Breast Reduction – Sample comments



I had a friend who had this surgery under nhs & didnt really need it - waste of public money

I think that the change from 18 to 21 is to save money. I do not see why a girl with problems in this area needs to wait for three years, especially at a sensitive and socially important age. I would expect a consultation to explore the ideas of waiting, but I think if there are problems and the patient wants to do this there should not be a reason to have an embargo on this.

Should only be carried out for health reasons not cosmetic



Breast Enlargement

Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	4.65%	2
I am aware of it, but have not used it	95.35%	41

To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	58.14%	25
Slightly agree	11.63%	5
Neither agree nor disagree	13.95%	6
Slightly disagree	4.65%	2
Strongly disagree	11.63%	5

Breast Enlargement – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	4	18.18%
Do not agree or feel confident with some or all of new criteria/policies	1	4.55%
Physical problems could occur if issue(s) left untreated	1	4.55%
Psychological problems could occur if issue(s) left untreated	3	13.64%
Do not agree with age requirement change	2	9.09%
Consider the impact on patient's quality of life if these procedures are removed/not available	1	4.55%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	4.55%
The procedure should not be available on the NHS under any circumstances	4	18.18%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	1	4.55%
Psychological assessment should be carried out on all patients before a decision is made	4	18.18%

Breast Enlargement – Changes to proposed policy you would recommend

Theme	Volume	Percentage
Do not agree or feel confident with some or all of new criteria/policies	1	10.00%
Do not fully understand the criteria/policies and they need to be made clearer	1	10.00%
The procedure should only be available for medical reasons on the NHS	2	20.00%
Do not agree with age requirement change	2	20.00%
The procedure should not be available on the NHS under any circumstances	1	10.00%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	2	20.00%
Psychological assessment should be carried out on all patients before a decision is made	1	10.00%

Breast Enlargement – Sample comments

Purely cosmetic

it is clear and acceptable

This operation should be performed only if there is evidence of psychological problems only.

it would be better just not to fund or raise expectations that there is even a policy for augmentation. plus historically any discrepancy of sizes has been to reduce the larger breast as per policy above meaning no need for further surgery when the time has elapsed on the breast implant - this appears to be adding in new criteria rather than tightening up on previous. I believe it should be breast augmentation is not funded on the NHS. for discrepancies in size see previous policy.

Is there evidence that giving psychological support only to women who have congenital absence of breasts improves the self-esteem of that woman? Women who suffer from this condition should be asked about this in terms of there psychological well-being.

Should not be available on NHS.

Anyone wanting any form of breast enlargement should have to fund it themselves

If someone has congenital absence of breast tissue and it is having a psychological impact on their life, then surgery should be offered. It would not be surgery for vanity reasons.

You become an adult legally at 18, so should be able to decide what to do with your body then

Slightly Disagree with the age change. You shouldn't have to wait when the legal adult age is 18, but agree with the other changes about not having an enlargement when your breasts are the same size, even if they are small

I had this surgery at 19 because I had two breasts very different sizes and the difference it made to me both mentally and physically was life-changing. I don't feel that waiting until 21 would do any good and could do more damage to someone, making them wait with such an obvious problem at such an important part of your life.

Removal of Breast Implants

Removal of Breast Implants 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	4.65%	2
I am aware of it, but have not used it	95.35%	41

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	58.14%	25
Slightly agree	11.63%	5
Neither agree nor disagree	13.95%	6
Slightly disagree	4.65%	2
Strongly disagree	11.63%	5

Removal of Breast Implants – Reasons for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	5	16.13%
Do not fully understand the criteria/policies and they need to be made clearer	2	6.45%
The procedure should only be available for medical reasons on the NHS	6	19.35%
Physical problems could occur if issue(s) left untreated	2	6.45%
Psychological problems could occur if issue(s) left untreated	2	6.45%
Do not agree with age requirement change	1	3.23%
The procedure should not be available on the NHS under any circumstances	4	12.90%
Alternative options/support to surgery should be offered	1	3.23%
Correction surgery as a result of private surgery should not be available on the NHS	3	9.68%
People should not put themselves in the position to need surgery	3	9.68%
The decision for the procedure should be made by health care professionals	1	3.23%
Do not change the criteria	1	3.23%

Removal of Breast Implants – Changes to proposed policy you would recommend

Theme	Volume	Percentage
The procedure should only be available for medical reasons on the NHS	4	30.77%
More respect for the condition/procedure is needed by staff	1	7.69%
The procedure should not be available on the NHS under any circumstances	3	23.08%
Correction surgery as a result of private surgery should not be available on the NHS	1	7.69%
People should not put themselves in the position to need surgery	1	7.69%
Do not change the criteria	3	23.08%

Removal of Breast Implants – Sample comments

This is entirely cosmetic - and a person's choice to have breast implants. why should tax payers cover cost
Im a man but implants can cause issues

Individuals who have paid privately for implants should pay to have them removed if they so wish

If someone has paid for breast implants they can pay to have them removed

This operation should only be done in some circumstances.

makes sense to clarify, evidence based, not cosmetic

Removal should only be carried out where there is a clinical need not just psychological.

if known to be faulty, do the work, reclaim cost from whoever did original work

Again if implants for cosmetic reasons and paid for privately or abroad should be removed by same not nhs

Should be paid for privately by patient since the procedure was funded privately by them in the first place

If breast implants have been put in and then are found to be faulty they are covered by the "sale of goods act". Action should be taken against the original supplier through normal channels

This is fair and makes sense to follow national guidance

Male Breast Reduction

Male Breast Reduction 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	2.86%	1
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	0.00%	0
I am aware of it, but have not used it	97.14%	34

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	48.57%	17
Slightly agree	14.29%	5
Neither agree nor disagree	8.57%	3
Slightly disagree	2.86%	1
Strongly disagree	25.71%	9



Male Breast Reduction – Reason for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	5	23.81%
Do not agree or feel confident with some or all of new criteria/policies	4	19.05%
Everyone should be treated equally/fairly	1	4.76%
The procedure should only be available for medical reasons on the NHS	1	4.76%
Psychological problems could occur if issue(s) left untreated	1	4.76%
Consider the impact on patient's quality of life if these procedures are removed/not available	2	9.52%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	4.76%
By not spending money on this treatment the NHS will spend more money on other services	1	4.76%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	1	4.76%
Psychological assessment should be carried out on all patients before a decision is made	2	9.52%
The decision for the procedure should be made by health care professionals	2	9.52%

Male Breast Reduction – Change to proposed policy you would recommend

Theme	Volume	Percentage
Do not agree or feel confident with some or all of new criteria/policies	1	12.50%
Everyone should be treated equally/fairly	1	12.50%
The procedure should only be available for medical reasons on the NHS	2	25.00%
Psychological problems could occur if issue(s) left untreated	1	12.50%
The procedure should not be available on the NHS under any circumstances	3	37.50%

Male Breast Reduction – Sample comments

Makes sense to clarify, evidence based, not cosmetic - previously having criteria meant people then fit it should be the same criteria for men and women gender equality.

Removing the criteria for male breast reduction will make it more difficult for GPs & Consultants to know when somebody is/isn't eligible for exceptional funding

Breast reduction can dramatically improve the quality of life of the individual concerned. The assessment to determine whether such treatment should be undertaken should be based mainly on the GP's assessment of the individual's mental and physical wellbeing.

I feel that there is no gender equality with the male reduction mammoplasty policy. The male policy should have criteria or the female policy should also be Not Routinely Commissioned.

I believe that the procedure should be a commissioned service on this NHS and should not be subject to funding requests.

Shouldn't be available on NHS

If anyone who wants this procedure they should have to pay for it themselves.



Laser Tattoo Removal

Laser Tattoo Removal 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	2.33%	1
Had a close friend receive this treatment	4.65%	2
I am aware of it, but have not used it	95.35%	41

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	53.49%	23
Slightly agree	9.30%	4
Neither agree nor disagree	18.60%	8
Slightly disagree	2.33%	1
Strongly disagree	16.28%	7

Laser Tattoo Removal – Reason for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	1	5.26%
The procedure should only be available for medical reasons on the NHS	3	15.79%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.26%
The procedure should not be available on the NHS under any circumstances	11	57.89%
Correction surgery as a result of private surgery should not be available on the NHS	2	10.53%
By not spending money on this treatment the NHS will spend more money on other services	1	5.26%

Laser Tattoo Removal – Change to proposed policy you would recommend

Theme	Volume	Percentage
Do not change the criteria	2	22.22%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	1	11.11%
The procedure should not be available on the NHS under any circumstances	6	66.67%

Laser Tattoo Removal – Sample comments

People get tattoos knowing they are permanent. They should pay to have them removed. This is a cosmetic not an health issue

it is clear and acceptable

makes sense to clarify, evidence based, not cosmetic

I'm of the opinion this was agreed and paid for and should only be available for private use

People should not expect the NHS to correct problems they have created and paid for. I consider it an abuse of the NHS to allow for removal of tattoos at the taxpayers expence

Tattoo removals are self inflicted and I believe should not be a service offered by the NHS

The NHS should not be funding tattoo removal for the vast majority. Individuals need to live with the consequences of their bad decisions.

VERY FEW PEOPLE ARE FORCED INTO HAVING TATTOOS EXCEPT IN CERTAIN CULTURES OF ABUSIVE SITUATIONS- IF ITS PERSONAL CHOICE THEN PAY FOR THE REMOVAL IF YOU COULD AFFORD TO PAY THE HIGH PRICE FOR HAVING THEM DONE IN THE FIRST INSTANCE

Should not be available NHS

Anyone who wants this procedure should be made to pay for it themselves. Nothing to do with the NHS

The NHS should not spend scarce resources to remove what is basically a self inflicted problem.

Following 'abuse' only. Self-inflicted should not apply.

Abdominoplasty and Apronectomy

Abdominoplasty and Apronectomy - 'Tummy tuck' 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	4.88%	2
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	9.76%	4
I am aware of it, but have not used it	85.80%	36

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	46.34%	19
Slightly agree	14.63%	6
Neither agree nor disagree	14.63%	6
Slightly disagree	4.88%	2
Strongly disagree	19.51%	8

Abdominoplasty and Apronectomy – Reasons for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	10.53%
The procedure should only be available for medical reasons on the NHS	10	52.63%
Psychological problems could occur if issue(s) left untreated	1	5.26%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.26%
The procedure should not be available on the NHS under any circumstances	1	5.26%
Correction surgery as a result of private surgery should not be available on the NHS	1	5.26%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	1	5.26%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	1	5.26%
Psychological assessment should be carried out on all patients before a decision is made	1	5.26%

Abdominoplasty and Apronectomy – Change to proposed policy you would recommend

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	1	11.11%
The procedure should only be available for medical reasons on the NHS	1	11.11%
Physical problems could occur if issue(s) left untreated	1	11.11%
More respect for the condition/procedure is needed by staff	1	11.11%
The procedure should not be available on the NHS under any circumstances	2	22.22%
Disagree with the link to BMI/BMI is too low/more accurate way of measuring is needed	1	11.11%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	1	11.11%
Do not change the criteria	1	11.11%

Abdominoplasty and Apronectomy – Sample comments

This is vanity - should not be available on NHS unless medically required.

Only to be carried out in extreme cases where there is an health issue

The psychological impact of any condition should not be underestimated. Your policy risk being discriminatory if it does not give clear guidelines about access to surgery based on psychological distress. It should not be assumed that this approach is a way of 'getting around things' neither should this become onerous to local mental health services- ie psychiatric assessment needed. Health psychologists should be able to make this assessment.

I think this operation should only be performed on NHS after serious injuries or weight loss.

makes sense to clarify, evidence based, not cosmetic

It may be difficult for those with large volumes of excess skin to meet the BMI criteria

the conditions which create the need for such surgery are very painful

The current policy is routinely commissioned ... but only in the listed circumstances. there is an established cohort and they are unlikely to be approved on an exceptional basis via the IFR route.

Shouldn't be available on NHS unless it would cause serious medical problems

Health professionals need to find a more accurate way of measuring BMI as the present method is not fit for purpose.

Anyone wanting any form of cosmetic surgery should have to pay for it themselves. Nothing to do with the NHS except where a huge weight loss has occurred.

People who have private bariatric surgery should then have to go private for any follow on reconstructive surgery this should not be funded by the tax payer .

This surgery should not be offered at all. Needing a tummy tuck is entirely preventable.

Should be considered following massive weight loss to prevent the patient re-gaining weight.

Cosmetic Surgery for Body Contouring

Cosmetic Surgery for Body Contouring 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	4.55%	2
I am aware of it, but have not used it	95.45%	42

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	45.45%	20
Slightly agree	11.36%	5
Neither agree nor disagree	22.73%	10
Slightly disagree	11.36%	5
Strongly disagree	9.09%	4

Cosmetic Surgery for Body Contouring – Reasons for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	9.09%
The procedure should only be available for medical reasons on the NHS	7	31.82%
Psychological problems could occur if issue(s) left untreated	3	13.64%
Consider the impact on patient's quality of life if these procedures are removed/not available	1	4.55%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	4.55%
The procedure should not be available on the NHS under any circumstances	1	4.55%
By not spending money on this treatment the NHS will spend more money on other services	1	4.55%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	1	4.55%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	4	18.18%
Psychological assessment should be carried out on all patients before a decision is made	1	4.55%

Cosmetic Surgery for Body Contouring – Change to proposed policy you would recommend

Theme	Volume	Percentage
Policies do not cover certain conditions/illness (e.g. mental health)	1	11.11%
The procedure should only be available for medical reasons on the NHS	2	22.22%
Physical problems could occur if issue(s) left untreated	1	11.11%
Psychological problems could occur if issue(s) left untreated	1	11.11%
Correction surgery as a result of private surgery should not be available on the NHS	1	11.11%
Object to the link to BMI/BMI is too low/more accurate way of measuring is needed	1	11.11%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	2	22.22%

Cosmetic Surgery for Body Contouring – Sample comments

Again - this is cosmetic, not medically necessary < lose skin such as after losing weight is not harming someones health

No cosmetic surgery unless it is a health issue

it is clear and acceptable

This should be only done on NHS as private practice doesn't always do a good job.

I feel there is a contradiction on this policy that need to be analysed more closely. It reads you are rewarded with body contouring if you have surgery to help reduce weight. This is not inclusive of people who may have worked hard to lose weight through diet and exercise and end up with excess skin. I feel this is discriminatory, and promotes Bariatric surgery as an easy alternative where you continue to receive ongoing care in the form of body contouring.

makes sense to clarify, evidence based, not cosmetic

cosmetic not on the nhs

It may be difficult for those with large volumes of excess skin to meet the BMI criteria

helping a serious dieter to finally achieve the look they want after shedding a lot of weight

it looks like it is fair enough and explained enough

I know many people whop have lost a lot of weight only to find the excess skin is like an apron hanging down. Imagine the phsycological effect this has especially on somebody that is a young person, male or female

clinical evidence

If it's a preventable reason that the person would like body contouring, then surgery should not be offered.

I believe that the NHS should not pay for Body Contouring.

Rhytidectomy – Face and Brow Lift

Rhytidectomy - Face and Brow Lift 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	0.00%	0
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	2.44%	1
I am aware of it, but have not used it	97.56%	40

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	43.90%	18
Slightly agree	12.20%	5
Neither agree nor disagree	17.07%	7
Slightly disagree	7.32%	3
Strongly disagree	19.51%	8

Rhytidectomy – Face and Brow Lift – Reason for agreeing or disagreeing

Theme	Volume	Percentage
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	7	36.84%
The procedure should not be available on the NHS under any circumstances	1	5.26%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.26%
The procedure should only be available for medical reasons on the NHS	9	47.37%
Fully agree and feel confident with all the new criteria/policies	1	5.26%

Rhytidectomy – Face and Brow Lift – Changes to proposed policy you would recommend

Theme	Volume	Percentage
Everyone should be treated equally/fairly	1	8.33%
The procedure should only be available for medical reasons on the NHS	2	16.67%
Psychological problems could occur if issue(s) left untreated	1	8.33%
Do not agree with age requirement change	1	8.33%
More awareness/education is needed in the general public around the policy	1	8.33%
The procedure should not be available on the NHS under any circumstances	2	16.67%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	3	25.00%
Do not change the criteria	1	8.33%

Rhytidectomy – Face and Brow Lift – Sample comments

Again - not medically necessary procedure, just cosmetic

No cosmetic surgery without a health issue

it is clear and acceptable

Shockingly narrow criteria. Too drastic to exclude accidental scarring and deformity caused by surgery with no recourse to a funding panel.

makes sense to clarify, evidence based, not cosmetic

I was not aware that this treatment and most of the other treatments have been offered on the nhs. I am not sure of the circumstances. If for beauty reasons then not but if necessary due to facial injury following a car accident then yes. Cataracts and lipoma are medical.

There could be other reasons for the treatment --if you provide a list of reasons then this becomes a necessary requirement rather than 'examples'.

Removing 'facial deformity following surgery' suggests the damage caused is severe, and although this policy now implies this procedure for this reason is cosmetic....is it? Is fixing a deformity really cosmetic? I would think that damage leading to a deformity would have significant impact on a persons day to day life with significant psychological issues. If this deformity is a result of surgery then further damage to the patient should/could be avoided by correcting it

it's traumatic to face the world with facial disfigurement whatever the cause

Never for cosmetic

Not on NHS unless facial deformity / pain etc

Absolutely nothing to do with the NHS and should have to be paid for in full by the individual

Except in exceptional circumstances, such as to repair damage caused by an accident, I believe that the NHS should not pay for Cosmetic Surgery.

The proposal is unfair on those who have had accidents

Male Circumcision

Male Circumcision – For Clinical Reasons only 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	12.5%	6
Had a close family member receive this treatment	12.5%	6
Had a close friend receive this treatment	6.25%	3
I am aware of it, but have not used it	68.75%	33

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	62.79%	27
Slightly agree	11.63%	5
Neither agree nor disagree	6.98%	3
Slightly disagree	0.00%	0
Strongly disagree	18.60%	8



Male Circumcision – Reasons for agreeing and disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	3	16.67%
Do not agree or feel confident with some or all of new criteria/policies	1	5.56%
The procedure should only be available for medical reasons on the NHS	8	44.44%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	3	16.67%
Consider the impact on patient's quality of life if these procedures are removed/not available	1	5.56%
More respect for the condition/procedure is needed by staff	1	5.56%
Tax payers pay for this service and are entitled to it/existing NHS funding should cover costs of treatment	1	5.56%

Male Circumcision – Changes to proposed policy you would recommend

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	1	10.00%
Do not agree or feel confident with some or all of new criteria/policies	1	10.00%
The decision for the procedure should be made by health care professionals	1	10.00%
Everyone should be treated equally/fairly	1	10.00%
The procedure should only be available for medical reasons on the NHS	1	10.00%
More awareness/education is needed in the general public around the policy	1	10.00%
More awareness/education is needed in the general public around patient conditions	1	10.00%
More respect for the condition/procedure is needed by staff	1	10.00%
Alternative options/support to surgery should be offered	1	10.00%
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	1	10.00%

Male Circumcision – Summary comments

it is clear and acceptable

are you having a circumcision through choice, religiously or feel you have to follow tradition After all have it done and sex will not be as enjoyable as initially is

Male Jews and Muslims are required to circumcise. One shouldn't have to make a case on medical grounds for it. It should be made available to those who would like to adhere to the religious beliefs.

Fortunately this area has improved greatly during the last 80 years, but still needs further improvement. There is also a need to be aware that, for example, the cessation of NHS funding for religious ritual circumcision will inevitably move the procedure into the hands of operators who are not doctors or other full medical professionals. There is also a need to question whether circumcision for religions or even social reasons is any longer acceptable in the 21st Century. FGM is now accepted and recognised to be nothing more than mutilation and is a criminal offence in many civilised countries, so why is MGM not in the same category? There is a need for a fundamental change of attitude and rethink on this topic at a very high level, World Health Organisation at the least.

Male circumcision should be undertaken for clinical reasons only.

It is shocking that it was available in Liverpool for "cultural, religious and social reasons" and I am relieved to hear that such a non-essential service is being cut at a time when budgets are stretched.

It should most certainly not be available for any reason other than for an actual medical problem.

it looks like it is fair enough and explained enough

should not be offered on the NHS for social reasons

if it needs to be done for medical reasons - I agree

purpose of having this in the first place was to stop GP's undertaken this work. What is the risk of GP's being paid privately to undertaken this work and the clinical risk to child if mistakes occur. Also cost to the NHS to rectify the mistakes. I believe the NHS should offer this service on religious grounds. The saving to the NHS would be cost avoidance! control this procedure in safe way will reduce clinical negligence and the QALY cost of the patient life improved.

Should not be an issue if it is for a medical issue.

The NHS cannot afford to do this type of procedure for everyone who wants it, there must be a medical reason underpinning any decision to perform the operation.

Treatments for Hairloss – Alopecia, Male Patterned Baldness and Hair Transplantation

Treatments for hairloss - 3 policies merging into 1 including Alopecia, Male Patterned Baldness and Hair Transplantation 9) (*) Have you: Please tick all that apply to you	Response percent	Response total
Received this treatment	4.76%	2
Had a close family member receive this treatment	0.00%	0
Had a close friend receive this treatment	9.52%	4
I am aware of it, but have not used it	85.71%	36

10) (*) To what extent do you agree with the proposed criteria for this policy?	Response percent	Response total
Strongly agree	53.85%	21
Slightly agree	20.51%	8
Neither agree nor disagree	12.82%	5
Slightly disagree	2.56%	1
Strongly disagree	10.26%	4

Treatments for Hairloss – Alopecia, Male Patterned Baldness and Hair Transplantation – Reasons for agreeing or disagreeing

Theme	Volume	Percentage
Fully agree and feel confident with all the new criteria/policies	2	20.00%
Everyone should be treated equally/fairly	1	10.00%
The procedure should only be available for medical reasons on the NHS	2	20.00%
More respect for the condition/procedure is needed by staff	1	10.00%
The procedure should not be available on the NHS under any circumstances	3	30.00%
By not spending money on this treatment the NHS will spend more money on other services	1	10.00%

Treatments for Hairloss – Alopecia, Male Patterned Baldness and Hair Transplantation – Change to proposed policy you would recommend

Theme	Volume	Percentage
Concerns around how patients are evaluated for procedures/feeling that evaluation processes are not accurate enough or consider all of the variables	2	66.67%
Do not fully understand the criteria/policies and they need to be made clearer	1	33.33%

Treatments for Hairloss – Alopecia, Male Patterned Baldness and Hair Transplantation – Sample comments

Poor use of NHS resources

makes sense to clarify, evidence based, not cosmetic

glad alopecia has been brought inline with the male pattern baldness policy.

Never for cosmetic

Not on NHS

Absolutely nothing to do with the NHS and the individual should bear the cost themselves

Perhaps some patients could wear a wig?

Female pattern baldness is ignored

Focus Group

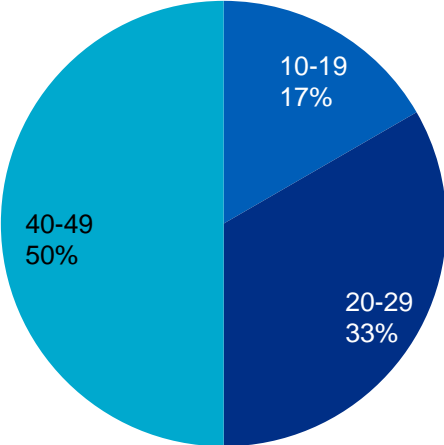
YPAS – Focus on Removal of ‘Children under 16 being exempt where psychological distress is present’ statement



Focus Group – Attendee Profile

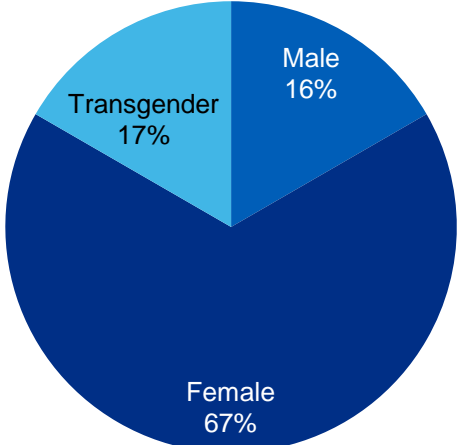


Age



3 'young people' and 3 YPAS representatives and councillors attended this session. All attendees were of English ethnicity

Gender



	Pinnaplasty	Rhinoplasty	Surgical Revision of Scars	Surgical Removal of Skin Lesions	Surgical Removal of Lipoma
I have had this treatment/surgery			1		1
I know a family member who has had this	2				1
I have a close friend or someone I know has had this		1		3	
I am aware of this, but have not had it myself	4	5	5	4	4

Focus Group – When should NHS help you, help others?

Key themes;

- People should have help when they can't help themselves
- Physical and mental health should both be treated, and treated equally by the NHS

Comments

All the time, as lots of people need help from the NHS

That both types of problems should be examined to a priority with cases relevant (Referring to both mental and physical)

All the time, through both mental and physical health

Our looks can impact our mental health so individuals may need surgery to help improve this mental health or if it affects physical health

Any need that can be met by the NHS, both physical and mental health conditions. Mental health conditions could be impacted by physical appearance ie, if someone is feeling that their mental health is being impacted by something that can be helped by cosmetic surgery then this should be allowed.

Physical and mental health are entwined together. If a person is very distressed because of a physical condition requiring surgery, then this should be given equal consideration as to a functional condition. NHS is very good at emergency situations, but for preventative strategies which would include surgeries that may be deemed for 'vanity purposes', the NHS is not so functional. I would like to see NHS consider person as a whole, giving individuals more time and respect. If a piece of surgery is not completed as a proactive measure, then crisis intervention, costing more in most cases could be needed. Mental health does deteriorate and will reach crisis, costing far more.

When you need help with something that you can't resolve yourself

Whenever there is a medical need or issue, physical or psychological distress. There should be parity of esteem between physical and mental health. Mental health affects access to services and procedures. NHS should help people regardless of demographic

Focus Group – Do you agree with the removal of the statement so that the same criteria and rules apply to all ages?

100% of the group disagreed with this

Please explain why you have chosen this answer

Everyone should be given the opportunity to be eligible for surgeries as psychological problems can appear at any age as young people are starting to leave home and education, they may need that sort of help in order to forget about past memories

Different surgeries might only be needed after turning 16. EVERYONE should have access to surgery as it can impact their mental and physical health

I feel that people aged over 16 should also be allowed surgery as lots of psychological impact can arise above the age of 16 when young people are moving out of school and into different chapters of their life

Everyone should have access on psychological grounds

Everyone should have access to surgery for psychological distress, regardless of age

Focus Group – Do you think that surgery is the only way to solve psychological issues caused by physical appearance?

100% of the group said no – they do not believe that surgery is the only answer. The main theme which arose was that social and physiological interventions should always be made before surgery is the answer, but surgery should still remain an option.

Please explain why you have chose this answer
Therapy is required because issues with child psych may be hurt by issues around their appearance
Counselling, therapy and other psychological help is available (for body dysmorphia)
Community support
Multidisciplinary
There needs to be a combination of medical, social and therputic interventions
If more than the medical model is applied, a whole person perspective then surgery along side community support, talk therpaies. Social model should be considered before surfery which may result in no surgery and is more cost effective
Surgery is not always the only options, but it is important to know that it is there. Having surgery could cause more self esteem issues, because they feel they have had to change something that is wrong with them
Medical and social treatment should work together hand in hand. Social value and social model of difference is important. Mental health should be considered alongside the pohysical interventions. Parity of esteem is vital in a modern medical world.



Focus Group – Do you think that children under 16 should have different access to treatments on the ground of Psychological distress?

17% of the group said yes, 83% of the group said no. It was generally believed that access to treatments should not be biased based on age.

Please explain why you have answered in this way

As children, when they go through changes, often have psychological problems as their body changes, which could lead them to be both mentally and physically bullied, which could lead them to suicide problems as well as many different mental health problems

Everyone should have the same access - human rights act

Everyone should have equal access

Psychological distress at any age is just as important as a presenting physical issues. Having treatment available to children and young people at a young age will lessen the 'long term cost', prevent rather than react - Equality act 2010

I think there is a higher likelihood of people under 16 years needing this surgery but I think it should be equally available for people over 16 years with significant psychological distress. Specifically improval of scars as though scars from self harm may be made in childhoos, in adulthood they are more likely to have got through self harm anand thereforeit will have a long term benefit to them to not have to wear long sleeves all the time or refused jobs and safe guarded from children du e to the appearance of their scars

Both adults and children should have equal access

Focus Group – Pinnaplasty

The group were showed the current policy which stipulates you must be aged between 5 and 18 to have the surgery.

Do you agree with the current policy? 100% people said

Please explain why you agree/disagree with the current policy. Please explain how you would change it.

You don't know what it is going to look like when older which means age should be scrapped all together as different ages could be affected

You could grow into your ears, you never know.

Age could be changed to high school age where psychological impact might be more sever.

Would consider age 8-19 years rather than 5-18

Havig a full MDT working on the matters on first initial assesment

Focus Group – What could good look like (In reference to PLCP policies)

Everyone being able to have the same access to all services. Waiting lists should be reduced

Improve service funding cuts

Equal access to therapies

No waiting times

Services fully working together

People still have wellbeing after the age of 16

Children, young people and adults have equal access to services

If prevention put in place early enough, long term costs could be reduced.

Holistic approach

Use common sense

Think long term not short term

END

