

Reference: FOI.ICB-2627/232

Subject: BNSSG Breast Reduction Commissioning Policy

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
I am seeking further information regarding BNSSG ICB's commissioning arrangements for female breast reduction surgery and would be grateful if you could provide the following:	
1. The current commissioning policy relating to female breast reduction surgery, including the date it was last formally reviewed and approved.	The Commissioning policy can be found at: Breast Surgery (for Females) - BNSSG Healthier Together The document control section of the policy provides the date the policy was adopted.
2. The committee papers, business case, clinical evidence and/or other documentation relied upon when the decision was made, or subsequently reviewed, not to routinely commission breast reduction surgery.	References to the evidence considered are listed within the policy. The policy was drafted in collaboration with local specialists from acute providers. Minutes of those meetings are no longer available. A briefing paper presented to the Commissioning Policy Review Group (CPRG), which includes the case for changing the Breast policies has been included (Doc 01), as have the minutes of the appropriate meeting (Doc 02). Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be

	personal information and therefore has applied a section 40 (Personal Information) exemption to this information.
3. Confirmation of whether the national Evidence-Based Interventions (EBI) recommendation on breast reduction was specifically considered when BNSSG's commissioning policy was developed or subsequently reviewed, together with any documentation recording that consideration.	The ICB is unable to fully answer this question. However, it is ICB practice to review all new evidence when developing policy.
4. Any Equality Impact Assessment and/or Health Inequalities Impact Assessment undertaken in relation to the decision not to routinely commission breast reduction surgery or any subsequent review of that policy.	An Equality and Health Inequalities Impact Assessment was completed (Doc 03), as was a Quality Impact Assessment (Doc 04). These are completed via an online platform. Due to the policies currently being under review, both documents were amended at the start of the review and will continue to be updated as the review continues. They do still reflect the current policy criteria.

The information provided in this response is accurate as of 22 September 2026 and has been approved for release by Dr Ananthakrishnan Raghuram, Chief Clinical Leadership and Service Delivery Officer (Medical) for NHS Bristol, North Somerset and South Gloucestershire ICB.

Briefing Paper for Commissioning Policy Review Group (CPRG) Meeting

Date: 24th January 2023

Title: Commissioning Policy Review Group (CPRG) Briefing Paper

Purpose

The aim of this paper is to provide an overview of the outcomes and outputs of the policy review process. This paper aims to support the CPRG to:

- Review the commissioning policies that have been reviewed
- Make decisions on whether to recommend a reviewed commissioning policy to BNSSG ICB's Health and Care Professional Executive (HCPE) for endorsement by the local system.

The outputs described in this paper include an Equality Impact Assessment (EIA), a Quality Impact Assessment (QIA), Public & Patient Involvement plan (PPI) and the likely financial impact of adopting the recommendations of the Commissioning Policy Development (CPD) team.

Reasons for commissioning policy review

There are five reasons that policies are reviewed:

- **Three year review** – Each commissioning policy has a review date which is set at three years from the date of adoption.
- **NHS England's Evidence Based Intervention Guidance for CCGs (NHSE EBI)**
The aim of this program is to prevent avoidable harm to patients, avoid unnecessary operations, and free up clinical time by only offering interventions on the NHS that are evidence-based and appropriate. ICB's are required to pay due regard to this work in the formatting of commissioning policies.
- **Removal of criteria considered to be a Significant Functional Impairment (SFI)** – The ICB's Governing body has advised that, for exceptional funding requests, exceptionality should be based on clinical factors only, in line with other CCGs and NHS England. Non clinical factors, frequently referred to as 'Significant Functional Impairment', affecting a person will not be considered. This ensures that decisions are objectively and avoids judgement of an individual's relative worth.

- **New information** – A policy will be reviewed if the ICB receives new and relevant information or significant feedback on a policy once it has been adopted that would necessitate a review.
- **Admin Changes** - Policies can be updated when clerical details need updating in line with organisational changes. This does not constitute a formal policy review but requires sign off from CPRG in line with the ICB's governance protocols.

The policies described in this paper will have been reviewed for at least one of the above reasons.

Our approach to health inequalities

The ICB defines health inequalities as unjust and avoidable differences in people's health across the population and between specific population groups.

Health inequalities are socially determined by circumstances largely beyond an individual's control. Health inequalities are not random and do not happen by chance.

The ICB recognises the importance of understanding and recognising the impact of its commissioning policies on health inequalities.

There is a developing ICB health inequalities plan that describes actions to improve the quality of equality impact assessments and undertake more robust consideration of their results in decision-making. The plan also recommends embedding health inequalities champions within committees and programme boards. There is also an action to provide further support for staff to ensure that health inequalities are consistently covered in their work.

Recommendations made to CPRG by the Commissioning Policy Development (CPD) team.

This section gives further detail about each policy's review including the date a policy was adopted, the reason for the review, the clinical teams involved in the review and an overview of equality and quality assessments. An assessment of likely commissioner spend as a result of policy adoption, is also provided.

Table 1 summarises the policies that have been reviewed and the recommendation being made by the CPD team to CPRG.

Changes in wording to policies are highlighted yellow in the policy document.

Table 1

Policy	Reason for review	Recommendation to CPRG
Risk Reducing Mastectomy	Three Year review	Approve changes and recommend adoption to Health and Care Professional Executive (HCPE)
Breast Surgery Male	Three Year review	No change to current policy Recommend adoption to Health and Care Professional Executive (HCPE)
Breast Surgery Female	Three Year Review	Approve changes and recommend adoption to Health and Care Professional Executive (HCPE)
MRI Breast Screening	Three Year Review	No change to current policy Recommend adoption to Health and Care Professional Executive (HCPE)
Breast Reconstruction post Cancer	Three Year Review	Approve changes and recommend adoption to Health and Care Professional Executive (HCPE)
One Step Nucleic Acid Amplification (OSNA)	Three Year Review	Recommend removal to Health and Care Professional Executive (HCPE)

Risk Reducing Mastectomy

The commissioning policy team approached North Bristol Trust (NBT) and University Hospital Bristol and Weston Trust (UHBW) for engagement in the review of this policy.

Clinicians at UHBW and NBT clinicians agreed that no changes were required, and it would be appropriate to continue to follow the NICE guidelines. The clinical team also requested that the name of the policy from Prophylactic Mastectomy to Risk Reducing Mastectomy. This approach was agreed by the CPD team's clinical lead.

EIA

Completed awaiting sign off. It is not anticipated that this policy will have a negative impact on any protected characteristics.

QIA

The quality lead stated that the policy has been reviewed by clinicians undertaking the service. No changes to the current policy were highlighted and policy follows NICE guidelines, so there is no change to the quality element.

PPI

The PPI lead stated, there is no change to the range or manner in which the services are delivered, therefore there is no need to carry out a full PPI review.

Financial Impact

There is no anticipated financial impact as there are no changes.

Recommendation to CPRG – recommend the reviewed policy to the Health and Care Professional Executive (HCPE) for adoption.

Breast Surgery Male

The commissioning policy team approached NBT and UHBW for engagement in the review of this policy.

It was agreed that this intervention should remain unfunded. This is in line with the recommendations of NHS England's 2019 evidence-based intervention program.

EIA

Completed awaiting sign off. It is not anticipated that this policy will have a negative impact on any protected characteristics.

QIA

The quality lead stated that as the policy has been reviewed by clinicians undertaking the service, and there are no changes to the current policy and will continue to follow NICE guidelines, so there is no change to the quality element.

PPI

There is no change to the range or manner in which the services are delivered, there is no need to carry out a full PPI review.

Financial Impact

There is no anticipated financial impact due to the changes made to the policy as the criteria remains the same. An overview of recent activity is given below.

Activity	2020/21	2021/22	2022/23
Actual	3	5	1
FOT			12

Finance	2020/21	2021/22	2022/23
Actual	£5,224	£16,384	£1,292
FOT			£15,504

Recommendation to CPRG – Recommend revised policy to Health and Care Professional Executive (HCPE) for adoption.

Breast Surgery Female

The current policies for Breast Surgery were adopted in 2018. When the policies were initially developed, it was considered that the best use of resource would be to fund breast reconstruction, but not long-term treatment. Funding was prioritised to allow patients on a cancer pathway to have reconstructive surgery. There is no clear clinical rationale why long-term treatment would not be funded under certain circumstances.

As part of the routine review of the commissioning policies for Breast Surgery, clinicians at North Bristol Trust (NBT) have engaged with the CPD team to develop a more equitable policy.

Proposed Changes

- Patients who have had breast reconstruction surgery would be able to access long term support and surgical intervention for the reasonable ongoing support of the reconstruction surgery including implant removal and replacement or transition to the most appropriate reconstruction where required.
- Patients who have had a reconstruction following breast cancer privately but who are no longer covered in the private sector would be supported in an ongoing manner as if their surgery was initially performed in the NHS.
- All surgery for these patients should be agreed using the Oncoplastic MDT to ensure that the surgery is appropriate, proportionate and fits within the policy in place at the time.

EIA

Completed awaiting sign off. The proposed changes will have a positive impact on the protected characteristics, making the policy more equitable.

QIA

The quality lead reviewed the QIA and stated the policy has not changed so indicates no change to the current service provision, as the clinicians do not feel there is any quality concerns based on their clinical experience.

PPI

The policy review and the changes to the range and manner of delivery of services for patients do not require a new PPI communication plan.

Financial Impact

It is difficult to accurately project the impact proposed changes to the policy will have on local activity and expenditure. Much of the treatment proposed in the draft policy is not currently undertaken locally and, therefore, there is no reliable data to use for the basis of projections.

To understand the impact, the CPD team have asked clinicians to provide some clarity on the likely impact. The CPD team have also obtained the number of EFR applications for these procedures. It is recommended that the figures obtained are treated as the minimum number of additional patients that might require treatment.

It is estimated that there are approximately 3 patients who have had reconstructive surgery provided by the NHS for varied reasons. This figure is based on the current number of patients significant issues who are seen by the surgical team.

It is estimated that there will approximately be 30 patients who would need this form of surgery per annum once the backlog has been addressed. This is based on national data regarding the number of women requiring revisions to breast reconstruction within 5-8 years of the initial surgery.

Adopting the proposed changes to the commissioning policy could lead to an initial minimal increase of £131,432. This figure is based on the average tariff for breast surgery.

As noted above, much of the treatment proposed in the draft policy is not funded within BNSSG. It is, however, possible that some patients are receiving treatment that is not covered by the ICB's current commissioning policy. Therefore, the cost of current potential 'unfunded' activity should be included in any projection. Changes to the policy could lead to annual expenditure of up to £211,663 for Breast Surgery. However, it should be noted that this is a maximum projection, given the limitations of the BI data.

Once the backlog of patients requiring surgery has been cleared, it is possible that annual costs will decrease. However, this data is reliant on projections from rough estimates delivered by the clinical teams. As the procedures proposed are not currently funded, there is no reliable data to draw projections from. Therefore, it should be assumed that activity could be higher than estimated by a factor of 2.

Note: This is a joint projection that also covers the Breast Reconstruction Post Cancer policy proposed changes.

Activity	2020/21	2021/22	2022/23
Actual	31	43	7
FOT			84

Finance	2020/21	2021/22	2022/23
Actual	£78,767	£177,631	£26,769
FOT			£321,228

Recommendation to CPRG – Recommend revised policy to Clinical Executive for adoption.

MRI Breast Screening

The commissioning policy team approached North Bristol Trust (NBT) and University Hospital Bristol and Weston Trust (UHBW) for engagement in the review of this policy.

The UHBW and NBT clinicians agreed that no changes were required, and it would be appropriate to continue to follow the NICE guidelines. This approach was agreed by the CPD team's clinical lead.

EIA

Completed awaiting sign off. It is not anticipated that this policy will have a negative impact on any protected characteristics.

QIA

As a decision was made following review by the ICB to not make any changes the QIA remains the same so no further comments.

PPI

There is no change to the range or manner in which the services are delivered, there is no need to carry out a full PPI review.

Financial Impact

There are no proposed changes to this policy. Therefore, no financial impact is anticipated.

Activity	2020/21	2021/22	2022/23
Actual	2372	3254	317
FOT			3804

Finance	2020/21	2021/22	2022/23
Actual	£7,749	£12,263	£1,507
FOT			£18,084

Recommendation to CPRG – Recommend revised policy to Health and Care Professional Executive (HCPE) for adoption.

Breast Reconstruction Post Cancer

The current policies for Breast Surgery were adopted in 2018. When the policies were developed, it was considered that the best use of resource would be to fund breast reconstruction, but not long-term treatment. Priority was given to patients on a cancer pathway to allow reconstruction. There is no clear clinical rationale why long-term treatment would not be funded under certain circumstances.

As part of the routine review of the commissioning policies for Breast Surgery, clinicians at North Bristol Trust (NBT) have engaged with the CPD team to develop a more equitable policy.

Proposed Changes

- Patients who have had implants not under the NHS who have developed leakage and granulomas have formed, usually in the axilla can have implant removal but not replacement under the NHS.

EIA

The Equality lead was satisfied that the policy review and the proposed changes do not require a Full Equality Impact Assessment, as there is no impact to any protected characteristics.

QIA

As a decision was made following review by the ICB to not make any changes the QIA remains the same so no further comments.

PPI

There is no change to the range or manner in which the services are delivered, there is no need to carry out a full PPI review.

Financial Impact

Below is the current financial activity for this intervention. Changes to this policy and the Female Breast Surgery policy, will have impact activity for cohorts managed under the current policies. Therefore, financial projections for the likely impact of this policy change, are factored into projections for the Female Breast Surgery policy.

Activity	2020/21	2021/22	2022/23
Actual	1	4	1
FOT			12

Finance	2020/21	2021/22	2022/23
Actual	£84	£32,480	£8,120
FOT			£97,440

Recommendation to CPRG – Recommend revised policy to Health and Care Professional Executive (HCPE) for adoption.

One Step Nucleic Acid Amplification (OSNA)

The CPD team engaged with consultant breast and plastic teams at UHBW and NBT.

This policy was developed at a time when OSNA was thought to be a major breakthrough and could be very widely used. Evaluation of OSNA showed that there is only a small cohort where there are really clear benefits. This technology is not used in routine practice in BNSSG and there is no desire to return to its regular use. Any use would be exceptional. For these reasons the policy does not have any

benefit and should be retired. This decision has been made working in conjunction with the breast and oncoplastic surgeons locally.

Recommendation to CPRG – Recommend policy to Health and Care Professional Executive (HCPE) for removal.

Glossary

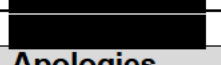
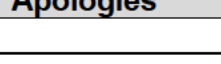
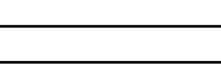
Clinical Policy Review Group (CPRG)	Clinical Policy Review Group (CPRG) - quarterly meeting coordinated by the Commissioning Policy Development Team in order to clinical review / update existing policies against new NICE guidelines and other developments. CPRG also clinically evaluates new policies identified. The purpose of this group is to make recommendations to the Health and Care Professional Executive (HCPE) in regard to Commissioning Policies to adopt on behalf of BNSSG.
Evidence Based Interventions Programme (EBI)	The Evidence-Based Interventions Programme was established and developed as a joint enterprise between five national partners: the Academy of Medical Royal Colleges, NHS Clinical Commissioners, the National Institute for Health and Care Excellence as well as NHS England and Improvement. The programme focuses on 17 interventions that fall into this category. Four interventions that should not be routinely offered to patients unless there are clinically exceptional circumstances, and 13 interventions that should only be offered to patients when certain clinical criteria are met.
Due Regard	NHS England has advised that each ICB must evidence it has paid Due Regard to the recommendations made through the EBI Programme, and details of this recorded.
Exceptional Funding Request [EFR]	Where a ICB has published a policy stating that certain treatments are not routinely funded, or no commissioning policy exists. Treatment will only be funded via agreement from commissioners in exceptional circumstance.

Criteria Based Access [CBA]	Where a ICB has published a policy setting out eligibility criteria. If clinicians are content that the patient meets the criteria, they may proceed to treat without seeking funding approval. Funding cases are audited by members of the EFR / CPD team to ensure that the policy has been adhered to and reduce in appropriate activity.
Prior Approval [PA]	Where a ICB has published a policy setting out eligibility criteria. Clinicians, where they feel patients meet the criteria, must seek funding approval from the commissioners prior to treating. Applications are submitted by Clinicians and reviewed by administrators from the EFR / Referral Management team, where criteria is evidenced in full the ICB issued a reference code giving funding approval. Where funding approval is given, it is usually given for a term of 1 year and / or 1 intervention only. Repeated treatments require repeated applications.
Significant Functional Impairment	Significant functional impairment is defined by the BNSSG Health Community as - Symptoms preventing the patient fulfilling routine work or educational responsibilities - Symptoms preventing the patient carrying out routine domestic or carer activities This is a subjective criterion.

Extraordinary Clinical Policy Review Group

Minutes of the meeting held on 24th January 2023 at 14:00, via Microsoft Teams.

Minutes

Present		
	Chair, BNSSG ICB	
	BNSSG ICB	
	BNSSG ICB	
	NBT	
	Public Health, Bristol City Council	
	NBT	
	NBT	
	UHBW	
Apologies		
In attendance		
	BNSSG ICB	

	Item	Action
01	Introductions	Insert initial
02	Apologies No representative from the GP collaborative board present and therefore the meeting was not quorate. Decision made to go ahead with the meeting and to send minutes and decisions to the GP collaborative retrospectively for ratification.	



	Item	Action
	access to long term treatment. These patients will also be discussed within the MDT team to ensure the complications are significant. █ asked for clarity regarding when we offer removal. █ advised that where there are axillary granulomas it will be up to the breast team to make the decision. █ agrees with policy but concerned regarding the wording and confusion for GPs as the policy understandably doesn't explain what isn't commissioned. █ and █ to discuss what we will not commission outside of meeting to put onto remedy for information. █ also advised that the remedy policy on the policies is incorrect Action: █ and █ to discuss wording for remedy. Action: CPD Team to check remedy links on policies. Outcome: Policy recommended to go to ICB board.	█ █
09	█ █ █ █ █ █ █ █	█
10	█ █ █ █ █ █ █ █ █	

	Item	Action
	[REDACTED]	
11	AOB [REDACTED] asked for timeframe of when these policies will be live. [REDACTED] confirmed that there are two more steps to go through and gave dates of these meetings. [REDACTED] is hoping that these policies will go live from the 1st April. [REDACTED] asked if someone from the ICB could attend one of NBTs education mornings or governance to highlight this as it is a good news story. [REDACTED] [REDACTED] [REDACTED] [REDACTED] asked to meet with [REDACTED] regarding timeframes outside of the meeting. Action: [REDACTED] and [REDACTED] to liaise regarding attending meeting at NBT. Action: [REDACTED] and [REDACTED] to meet regarding timeframes.	[REDACTED] [REDACTED]
12	Meeting Closed	

[REDACTED]
Commissioning Policy Development Officer
25.01.23

Equality and Health Inequality Impact Assessment (EHIA)

Which groups will this service/proposal impact (e.g. patients, service users, carers/family, staff, general public, partner organisations)?

12.01.2026 - This could affect all females in the system, as it may prevent them from receiving elective surgery in secondary care.

EIA Status

New

Does this Review relate to a new or existing policy?

Existing

If existing, please provide more detail

12.01.2026 - The Female Breast Surgery Policy was clinically approved and adopted in June 2017, following a programme of work to reduce expenditure on procedures considered cosmetic or of low clinical value.

NHS England has referenced breast surgery in its Evidence-Based Interventions (EBI) programme, indicating that breast reduction surgery (within the scope of this policy) is subject to restriction.

A three-year review with clinicians at North Bristol Trust and University Hospitals Bristol & Weston has confirmed that it remains appropriate not to routinely fund this procedure, and it will continue to be managed via the Exceptional Funding Request (EFR) process. The policy has been updated to clarify circumstances under which implant removal will be undertaken.

Patients with axillary granulomas

- Implant removal is permitted for patients with privately placed cosmetic implants that have ruptured and formed granulomas (usually axillary).
- Removal of granulomas is not routinely commissioned.

Complications following NHS-commissioned non-cancer breast reconstruction surgery

- Surgery is available for significant complications arising from NHS-funded breast reconstruction.
- All proposed interventions must be reviewed and approved by the Oncoplastic MDT, confirming that benefits outweigh risks.

Give a brief description of the context, purpose, aims and objectives of the proposal.

12.01.2026 - The purpose of this 3 year review is to explore if there is any new information which changes the ICB Commissioning stance.

What health inequalities have or might emerge and what actions can you take to reduce or eliminate them? Include details of any evidence, research or data used to support your work, e.g. JSNA, ward data, meeting papers, NICE etc below.

None

Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal.

None

Has the project/service ensured that they have/will comply with the Accessible Information Standards (AIS)? Yes or No

Yes

Age

Neutral

Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Age. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.

There is no data available to link this to any range.

Disability

Neutral

Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Disability. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.

There is no data available to link this to any disability groups.

Gender Reassignment

Neutral

Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Gender Reassignment. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.

There is no data available to link this to gender reassignment.

Race

Neutral

Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Race. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no racial difference in the prevalence of ths.
Religion or Belief	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Religion or Belief. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no data available to link this to any religion or belief.
Sex	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Sex. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	Clinically this is a female only policy. A male policy also exists and this too restricts access to funding being secured via the EFR route. This ensures that Male / Females are treated equally in this manner.
Sexual Orientation	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Sexual Orientation. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no data available to link to sexual orientation.
Pregnancy and Maternity	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Pregnancy and Maternity. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no data available to link this to pregnancy and maternity..
Marriage & Civil Partnership	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Marriage and Civil Partnership. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no data available to link this to marriage and civil partnership..
Armed Forces	Neutral
Provide a narrative about the benefits, negative impact or neutral impact on the protected characteristic of Armed Forces. Identify any mitigations that would help to reduce or eliminate any negative impact if recorded.	There is no data linked to this group.
Other Health Inequality - Please state	None
Eliminate discrimination, harassment and victimisation.	Yes
Advance equality of opportunity between people who share a protected characteristic and those who do not	Yes
Foster good relations between people who share a protected characteristic and those who do not	Yes
Please provide reasons for your selection(s)	On review of the above characteristics it is felt that this review of " no change" will not affect the ICB's ability its statutory obligations under the public sector equality duties.

What are the main conclusions of this EHIA? Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have been taken to improve accessibility, and what recommendations you are making to the decision maker.	This EHIA concludes that the proposed the female breast surgery policy will have a positive impact on patient health outcomes and is unlikely to result in adverse impacts on any protected characteristic groups. Access to the procedure is based on clinical need and established eligibility criteria, ensuring equitable decision-making. No negative equality impacts have been identified. Potential indirect impacts are mitigated through pre-operative counselling, shared decision-making, access to psychological support, and reasonable adjustments in line with BNSSG ICB and Trust equality and accessibility policies. It is recommended that the proposal proceeds as planned, with ongoing monitoring to ensure no unintended equality impacts arise.
Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified. E.g. proposal is not likely to have any detrimental impact on any group Comments from Equality Lead	Yes Policy reviewed and EIA approved. IFR applied to policy for males, thus treatments appears equitable. Funding is based on meeting clinical criteria and should have no relevance to any protected characteristic. Providers will be aware of their Public Sector Equality Duty to ensure that patients do not experience discrimination, that equality of opportunity is advanced and foster relations between people who hold one protected characteristic and another. Monitoring will continue which should highlight any equality issues should they arise.
Date	20/12/2022

Quality Impact Assessment Screening Form

Is there an impact on patient safety?	No
Is there an impact on delivery of national standards?	No
Is there an impact on the provider's duty to protect people?	No
Is there an impact on clinical workforce capability and skills?	No
Does the policy create an impact on the prevention of violence and aggression; or contribute to service users feeling less safe?	No
Is there an impact on partner organisations and any aspect of shared risk?	No
Provide a rationale for assessing the impact on Patient Safety	21.01.2026 - The current policy was adopted by the ICB in June 2017, with this policy is viewed that patient safety is not affected, indeed it is preserved and more robust as we are protecting the patients from the risks of unnecessary surgery in secondary care.
Does the policy comply with the best evidence guidance including NICE?	Yes
Does the policy impact on the delivery of services in line with national clinical and quality standards?	No
Does the policy lead to a change in care pathways?	No
Is there an impact on the delivery of clinical outcomes?	No
Provide a rationale for assessing the impact on Clinical Outcomes	21.01.2026 - No affect as this is considered a cosmetic / elective surgery route
Does your policy have an impact on service user experience?	Yes
Does your policy have an impact on carer experience?	Yes
Does your policy support the choice agenda?	Yes
Does your policy address concerns and issues identified through PALs, complaints, and national and local service user and carer surveys?	Yes
Provide a rationale for assessing the impact on Patient Experience	21.01.2026 - as we are not changing the policy the patient experience will remain the same, however the expectation of patients may be raised due to publication of access criteria by NHS England which we are not electing to follow. This will be monitored and reviewed by the applications via the funding team and feedback into the ICB.

Risk Scoring

Quality Domain	Patient Experience
Risk Description	21.01.2026 - Patients may have unfairly raised expectations of being able to access treatment following NHS England communication regarding their recommendation.
Probability	2
Impact	2
Total	0
Proceed to full QIA?	No
Please explain your reasons	21.01.2026 - This review confirms that the current policy which has been adopted following a public consultation in 2017 remains suitable.
Comments from QIA lead	The policy has not changed so indicates no change to the current service provision, clinicians do not feel there is any Quality concerns so happy to sign off based on their clinical experience.