

South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

**Southport & Formby CCG**

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**Policy Development Project – Go Live notification for reviewed policies.**

We have recently completed a period of communications and engagement with the public and the finalised policies are now being shared with CCG Governing Bodies for ratification ahead of publication in January 2018.

The purpose of this letter is therefore to inform you that the revised and updated policies of suites 1 and 2 of the project will be issued in January 2018 ready for commissioning.

The list of revised and updated policies are as follows:

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| 1. Policy for Surgical Treatments for Minor Skin Lesions   | 26. Surgical Treatment for Pigeon Chest                                  |
| 2. Surgery for Treatment of Asymptomatic Incisional and Ventral Hernias and Surgical correction of Diastasis of the Recti  | 27. Laser Tattoo Removal   |
| 3. Surgery for Asymptomatic Gallstones   | 28. Apronectomy or Abdominoplasty  |
| 4. Dilatation and Curettage  | 29. Other Skin Excisions, Body Contouring Surgery                        |
| 5. Policy for Private Mental Health Care- Non-NHS Commissioned Services: including Psychotherapy, adult eating disorders, general in-patient care, post-traumatic stress, adolescent mental health | 30. Surgical Treatments for Hair Loss                                    |
| 6. Policy for Hyaluronic Acid and Derivatives Injections for Peripheral joint pain   | 31. Labiaplasty, Vaginoplasty and Hymenorrhaphy                          |
| 7. Hip Replacement Surgery   | 32. Liposuction  |
| 8. Knee Replacement Surgery  | 33. Rhytidectomy - Face or Brow Lift                                     |
|  | 34. Circumcision   |
|  | 35. Pinnaplasty  |
|  | 36. Policy for non-invasive interventions for low Back pain and sciatica |
|  | 37. Imaging for patients presenting with back pain                       |

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9. Surgical Removal of Ganglions
10. Adenoidectomy
11. Policy for Tonsillectomy for recurrent Tonsillitis (excluding peri-tonsillar abscess) Adults and Children
12. Rhinoplasty
13. Hysterectomy for Heavy Menstrual Bleeding
14. Varicose Veins Treatments
15. Surgical removal of Lipoma
16. Haemorrhoidectomy - Rectal Surgery & Removal of Haemorrhoidal Skin Tags
17. Policy for Hair Removal Treatments including Depilation, Laser Treatment or Electrolysis – for Hirsutism
18. Surgical Revision of Scars
19. Cataracts Policy
20. Reduction Mammoplasty
21. Breast Enlargement
22. Removal or Replacement of Silicone Implants
23. Mastopexy - Breast Lift
24. Surgical Correction of Nipple Inversion
25. Male Breast Reduction Surgery for Gynaecomastia
38. Injections for back pain (Incorporating the previous policies for Facet Joint - Non Specific Back Pain Over 12 Months including radio frequency ablation, Epidural Injection, Radiofrequency Facet Joint Denervation Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)
39. Spinal Fusion (Incorporating the previous policies for fusion, Non-Rigid Stabilisation Techniques, Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine and Transaxial Interbody Lumbosacral Fusion)
40. Disc and Decompression procedures (Incorporating the previous policies for Endoscopic Laser Foraminoplasty, Endoscopic Lumbar Decompression, Percutaneous Disc Decompression using Coblation for Lower Back Pain, Percutaneous Intradiscal Laser Ablation in the Lumbar Spine, Automated Percutaneous Mechanical Lumbar Discectomy and Prosthetic Intervertebral Disc Replacement in the Lumbar Spine)
41. Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain
42. Therapeutic Endoscopic Division of Epidural Adhesions