3 August 2015 2015

Dear Dr Kilshaw,

Re: Freedom of Information Request

Thank you for your Freedom of Information request that we received on 7 July 2015, with regards to funding for facial palsy.

Request:

1. Which of these procedures do you offer freely and which on an individual basis for those patients with facial palsy?
   i. Botox injections for synkinesis or facial asymmetry
   ii. Static Therapies (4 procedures)
      - browlift
      - canthopexy/ canthoplasty
      - static facial slings
- face lifts

iii. Dynamic Therapies: (2 procedures)
- sliding temporalis myoplasty
- cross facial nerve graft and free muscle transfer (facial reanimation)

2. If you only offer these on an individual evaluated basis why is this?

Response:
1. (i) Our current commissioning policy is as follows:

| 19.1 | Botulinum Toxin A & B Used in several types of procedures e.g. to treat muscle disorders, excessive sweating (hyperhidrosis) and migraine. | The use of botulinum toxin type A is commissioned in the following indications:
- Anal fissures only following a minimum of two months with standard treatment (lifestyle and topical pharmaceutical products) for chronic anal fissures that have not resulted in fissure healing; and only a maximum of 2 courses of injections.
- Blepharospasm and hemifacial spasm.
- Probable contracture of joint in multiple sclerosis, in conjunction with prolonged stretching modalities (i.e. in line with NICE Clinical Guideline 8).
http://guidance.nice.org.uk/CG8
- Focal dystonia, where other measures are inappropriate or ineffective.
- Focal spasticity in patients with upper motor neurone syndrome, caused by cerebral palsy, stroke, acquired brain injury, multiple sclerosis, spinal cord injuries and neurodegenerative disease, where other measures are inappropriate or ineffective.
- Idiopathic cervical dystonia (spasmodic torticollis).
- Prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine) that has not responded to at least three prior pharmacological prophylaxis therapies, and whose condition is appropriately managed for medication overuse (i.e. in line with NICE Technology Appraisal 260).
http://guidance.nice.org.uk/TA260
Idiopathic detrusor instability - only commissioned in accordance with NICE CG171 Sept 2013 - Urinary incontinence in women http://guidance.nice.org.uk/CG171
and only one course of injections.
Diagnosis and management of hyperhidrosis British Medical Journal. |
Sialorrhoea (excessive salivary drooling), when all other treatments have failed.

Botulinum toxin type A is not routinely commissioned in the following indications:
- Canthal lines (crow’s feet) and glabellar (frown) lines.
- Hyperhidrosis.
- Any other indication that is not listed above

The use of Botulinum Type B is not routinely commissioned.
Where the use of botulinum toxin is used to treat an indication outside of the manufacturer’s marketing authorisation, clinicians and patients should be aware of the particular governance requirements, including consent (which must be documented) for using drugs outside of their licensed indications.
For patients with conditions which are not routinely commissioned, as indicated above, requests will continue to be considered by Cheshire & Merseyside Clinical Commissioning Groups processes for individual funding requests, if there is evidence that the patient is considered to have clinically exceptional circumstances to any other patient experiencing the same condition within Cheshire & Merseyside. Requests to commission the use of botulinum toxin as an option to treat other indications, where a known cohort of patients can be identified, should be processed in accordance with the relevant CCG’s defined processes.
If a subsequent CCG approved policy supersedes the information above, this section will be reviewed and updated.

(ii) Static Therapies (4 procedures)
- Browlift - Current Commissioning Policy allows for Brow lift for facial palsy
- Canthopexy / canthoplasty

11.1 Upper Lid Blepharoplasty - Surgery on the Upper Eyelid
Only commissioned in the following circumstances:
- Eyelid function interferes with visual field.

Eyelid Surgery
The British Association of Aesthetic Plastic Surgeons 2011.
Procedures of Limited
Excess skin in the upper eyelids can accumulate due to the ageing and is thus normal. Hooded lids causing significant functional impaired vision confirmed by an appropriate specialist can
11.2 Lower Lid Blepharoplasty - Surgery on the Lower Eyelid.

Only commissioned in any of the following circumstances:
- Correction of ectropion or entropion which threatens the health of the affected eye.
- Removal of lesions of eyelid skin or lid margin.
- Rehabilitative surgery for patients with thyroid eye disease.

**Eyelid Surgery**
The British Association of Aesthetic Plastic Surgeons 2011.
Local PCT consensus – review conducted 2007.
Procedures of Limited Clinical Effectiveness Phase 1 - Consolidation and repository of the existing evidence-base - London Health Observatory 2010.

Excessive skin in the lower lid may cause "eye bags" but does not affect function of the eyelid or vision and therefore does not need correction.

- static facial slings – not in commissioning policy
- face lifts - Current Commissioning Policy allows for Brow lift for facial palsy (criteria 14.18)

(iii) Dynamic Therapies: (2 procedures)

- sliding temporalis myoplasty – not in commissioning policy
- cross facial nerve graft and free muscle transfer (facial reanimation) – not in commissioning policy

3. Some of the procedures are offered if they meet the eligibility criteria of the policy as stated above.
We wish to take this opportunity to inform you that a formal complaints and internal review procedure is available to applicants who are unhappy with responses provided to FOI requests. You can formally request an internal review within a reasonable period of time (2 calendar months) from the date this response was issued.

Where you are not satisfied with the decision of the internal review you may apply directly to the Information Commissioners Office (ICO) for a further review of that decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure in the first instance.

The ICO can be contacted at:

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

[link:www.ico.gov.uk]

Should you require any further information, clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

Yours sincerely,

[Signature]

Joanne Davies
Corporate Services Manager – Governance