

Scar Revision

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		Patient Surname		Hospital	
NHS No.		Date of Birth		Consultant	
GP F-code		CCG		UBRN	
Hospital No.		Referrer			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within **3 working days** where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

M&SECCGs do not commission scar therapy e.g. laser or surgery, including skin resurfacing, in secondary care for any of the categories listed below:

- Hypertrophic or keloid scars that are not causing adverse consequences or functional impairments (e.g. keloid scarring after ear piercing)
- Scarring / ulceration from chronic tattoo breakdowns
- Post-acne scarring
- Scars resulting from self-harm

Scar treatment for skin rejuvenation or other cosmetic purposes.

Patients can only be referred for funding if they meet <u>ALL</u> of the criteria below.		Please tick ✓
Please indicate that the patient meets all the criteria:		
	<ul style="list-style-type: none"> • The scarring is a consequence of previous surgery, burns or trauma. 	
<u>AND</u>	<ul style="list-style-type: none"> • The scarring is causing adverse clinical consequences (due to contraction, tethering or recurrent breakdown); significant functional impairment (for example obstruction of orifice or vision); bleeding or suspicion of malignancy. 	



AND	<ul style="list-style-type: none"> Where clinically appropriate, proactive conservative/'over the counter' therapies (e.g. almond oil, steroid injections, silicone therapy, pressure garments, medication or massage) aimed at arresting the development of adverse, keloid or hypertrophic scarring have been tried but have not been effective. 	
AND	<ul style="list-style-type: none"> At least 2 years of the natural healing process has passed. 	

GPs should not refer unless the above criteria apply and referrals must include objective information to demonstrate this.

Please supply information clearly evidencing the selected criteria above including photographs which will be required to support any application for funding.

CCG USE:	Invoice ref:	Prior Authorisation requested by:	
Is the procedure approved or declined?		Name of Clinician	
Please indicate:			
Name		Contact number	
Signature		Date	
Date			