

NHS WEST YORKSHIRE INTEGRATED CARE BOARD						
Policy	Wigs and Hair Replacement			WY ICB Ref	Clinical Policy Team	
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Clinical Reviewer	WY ICB	Approved by	West Yorkshire Integrated Care Board (WY ICB) Transformation Committee			

Policy exclusions

The ICB policy does not cover patients who are being treated privately for a condition that has resulted in hair loss.

Other requests for wigs, hair transplants/replacement or extensions to correct male pattern baldness or androgenic hair loss in women (at any age) or other reasons are considered cosmetic and are not commissioned.

Hair replacement systems for conditions such as (but not limited to) for trichotillomania will not be routinely funded.

Partial human hair, full human hair wigs or hair extensions are considered bespoke and are not routinely commissioned.

Bespoke wigs

The patient's clinician would need to submit an Individual Funding Request (IFR) on behalf of the patient to request funding for a bespoke human hair wig or any other non-standard wig. The funding request must evidence on what exceptional grounds that the patient should be prescribed a bespoke wig. In those cases where a patient displays an allergy to the standard wig, evidence of allergy with a "patch test" must accompany any Individual Funding Request. Medical illustration will be required for all bespoke wig requests.

Re-issuing process in subsequent years

For bespoke wigs agreed through the Individual Funding Request process, once the initial request has been approved the patient can request subsequent years funding from the ICB when the wig is due for replacement. The patient will be required to write to the IFR team informing them that the wig is due for replacement. The IFR team will process

the request and confirm in writing to the patient that a replacement wig has been authorised.

Policy inclusion criteria

This policy is for NHS patients requiring a wig on a temporary, long-term or permanent basis for hair loss. Wigs are routinely commissioned but require prior approval or referral from GP or consultant unless part of an agreed clinical pathway e.g. cancer, where the entitlement would be: Modoacrylic/Monofilament = 1 in a 6 month period as part of their care pathway.

Wigs will be routinely commissioned outside of cancer pathways for the following indications:

- By Consultant Dermatologist or GP (where the patient sits outside of Dermatology services)
- Patients experiencing total or severe hair loss as a result of alopecia totalis
- Scarring alopecia including conditions such as:
 - Sclerodema
 - Lichen planus
 - Discoid lupus
 - Folliculitis decalvans
 - Frontal fibrosing alopecia

For any other clinical diagnosed condition resulting in hair loss, (e.g., patients who have had surgery to the scalp leaving very bad scarring who require wigs or patients who have been prescribed certain drugs resulting in hair loss) an individual funding request application is required, demonstrating the exceptional nature of the patient's condition. A Consultant Dermatologist will determine the patients' diagnosis and suitability for a wig and issue a prescription where appropriate.

Patients are entitled to one or two wigs per year as per the following wig type:

Wig type	Quantity and Frequency
Modoacrylic (basic acrylic) wigs	Two wigs will be supplied in a 12 month period
Monofilament (advanced acrylic) wigs with parting net	One wig will be supplied in a 12 month period
Other wigs provided following IFR approval	One wig will be supplied in a 12 month period

All patients who are prescribed a wig are required to pay a set national prescription charge but may be exempt from the charge if the patient fits one or more of the criteria (as outlined on the NHS Choices website – link below) at the time the prescription is dispensed. Wigs and fabric supports on the NHS - NHS (www.nhs.uk) (searched 6 November 2024)

Summary of evidence/Rationale	
Reference	Scenario: Management Management Alopecia areata CKS NICE (accessed 6 November 2024)