NHS WEST YORKSHIRE INTEGRATED CARE BOARD

Policy	Hair Removal			WY ICB	Clinical
				Ref	Policy Team
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Clinical Reviewer	WY ICB	Approved by	West Yorkshire Integrated Care Board (WY ICB) Transformation Committee		

Policy exclusions

Hair removal for cosmetic reasons and non medical reasons such as social, religious or cultural reasons is not routinely commissioned by the ICB. Patients concerned with the appearance of their body and facial hair should be advised about managing their condition through conservative methods including shaving, waxing, and depilatory creams although such treatments are also not routinely commissioned or funded by the ICB.

Policy inclusion criteria

Hair removal may be considered on an exceptional basis, for example where the patient:

- Has undergone reconstructive surgery resulting in abnormally located hair bearing skin to the face, neck or upper chest (areas not covered by normal clothing).
- Has a proven underlying endocrine disturbance resulting in hirsutism (e.g. Polycystic Ovary Syndrome, see NICE Clinical Knowledge Summaries (CKS) for Hirsutism <u>Hirsutism | Health topics A to Z | CKS | NICE</u> (last revised in July 2020).
- Is undergoing treatment for pilonidal sinuses to reduce recurrence.
- Has Female facial hirsutism (defined as the presence of terminal coarse hair growth in male patterns in women) in patients with proven underlying congenital and/or endocrine disturbances. Depilation of areas other than the face and neck is not routinely funded.

In the case of endocrine disorders, all applications for funding will be accompanied by confirmation of formal diagnosis. Patients with a significant symptomatic or functional requirement for intervention may be considered for treatment. Consultant opinion e.g. dermatology, may be required. Evidence of the underlying endocrine disturbance e.g. blood test results or ultrasound scan report.

Laser Treatment: Abnormal hair growth or hair associated with scarring to include: -

- Facial hirsutism in women over the age of 18 affecting the face only when shaved where visible at a conversational distance and causing disfigurement sufficient to score 10 or more on Dermatology Life Quality Index (DLQI) AND with medical photography(for women who have completed a transgender maleto-female transition, this treatment will be funded in addition to any previous facial hair treatments from NHS England, in line with NHS WY ICB criteria detailed here as per the WY ICB Gender Dysphoria Policy (outwith NHS England services)*.
- Hypertrichosis secondary to metabolic disorders (such as porphyria) or drug therapy (such as ciclosporin or androgenic medications)
- Scarring folliculitis including pilonidal sinus disease where recommended by a specialist clinician.

* Whilst children transition to adult NHS England gender identity services at the age of 17 years, they are most likely to have reached the 18 years when they have completed a male to female transition, hence the age criteria set at 18 years and above in this policy.

Treatment: type and frequency

The method of depilation (hair removal) used should be *diathermy electrolysis* or *laser hair removal* performed by a licensed practitioner. Funding is limited to one assessment appointment and up to six treatment appointments.

Summary of evidence / Rationale	Hirsutism Health topics A to Z CKS NICE (accessed 6 November 2024)	
Trationale	References Hirsutism CKS NICE (accessed 6 November 2024)	
	The British Association of Dermatologists leaflet: <u>Hirsutism</u> , available at <u>www.bad.org.uk</u> (accessed 6 November 2024)	
Reference	Excessive hair growth (hirsutism) - NHS (www.nhs.uk) (accessed 6 November 2024)	