

Share your views on proposed changes to breast surgery policies in Cheshire and Merseyside.

Supporting document



What is happening?

NHS Cheshire and Merseyside Integrated Care Board (ICB) is responsible for planning local health care services.

We regularly review clinical policies, with consideration of the latest clinical evidence and local clinical expertise, and to ensure all patients have the same level of access. This is a rolling programme and sometimes results in changes being made to the policies.

NHS Cheshire and Merseyside are proposing changes to 4 breast surgery policies. The policy updates have been developed following feedback from a recent engagement and working closely with consultant breast surgeons across Cheshire and Merseyside.

Working together we have developed 4 draft breast policies. In general, the changes being proposed to the draft policies are minor, however because they could potentially mean that the way people access care is different, NHS Cheshire and Merseyside are asking people to share their comments on the proposed policies before they are finalised.

Between **27 May – 8 July 2026**, we are holding a six-week engagement, so that people can find out more, and share their views. We will use the feedback we receive to make a final decision.

Timescales and Next Steps

The 4 draft policies, along with details of the proposed changes, are set out in the second half of this document. Once you've read the draft policies (or an individual policy, if you're just interested in commenting on one) you can visit our website to complete a questionnaire and share your views at [Clinical policies – breast surgery - NHS Cheshire and Merseyside](#)

The table below provides an overview of all 4 policies. If you need a paper copy of the questionnaire, or you need information in a different format or language, you can get in touch with us using the contact details in the next section.

Table 1 – Draft breast policies

| Order | Policy Title | Category | Current Policy | Proposed Policy |
|-------|--|----------------|--|---------------------------------|
| 1 | Breast augmentation - surgery to increase breast size | Breast Surgery | Breast symmetrisation surgery for breast asymmetry * | Proposed policy |
| 2 | Breast reduction - surgery to reduce breast size | Breast Surgery | Breast reduction | Proposed Policy |
| 3 | Breast symmetrisation surgery for breast asymmetry - surgical treatment for the correction of breast size, difference | Breast Surgery | Breast symmetrisation surgery for breast asymmetry | Proposed Policy |

| | | | | |
|---|---|----------------|--|---------------------------------|
| 4 | Removal and/or replacement of silicone implants - surgery to remove or replace breast implants | Breast Surgery | live-policies-cbct-april-2026-v12.pdf see page 26/27 | Proposed Policy |
|---|---|----------------|--|---------------------------------|

*Breast augmentation is a new policy for Cheshire and Merseyside. Currently patients have been considered under a different policy, which is mainly intended for people who have a problem affecting **one** breast only.

Some terms we use in this booklet

- **[Engagement](#)**
A process of asking for and listening to views of different people and groups in order to shape and inform plans, policies, decisions or actions.
- **[Individual funding requests \(IFR\)](#)**
When a clinician believes that their patient should have treatments, medicines or therapies funded by the NHS, when other patients with the same condition would not, they can make what is known as an Individual Funding Request (IFR), on behalf of a patient. In the draft policies below, you might see this referred to as being 'clinically exceptional'.
- **[National Institute for Health and Care Excellence \(NICE\)](#)**
NICE produces guidance for the NHS and wider health and care system. www.nice.org.uk
- **[The Evidence-based Interventions \(EBI\)](#)**
A programme led by the Academy of Medical Royal Colleges which reviews and produces guidance for test, treatments and procedures. <https://ebi.aomrc.org.uk>

How to get involved or request printed materials.

Questionnaire

Complete a short questionnaire at: <https://www.surveymonkey.com/r/KHRMKWL> or scan the QR code which will take you straight to it.



You can also get in touch using the details below, if you'd like help completing the questionnaire or would prefer a paper copy.

Phone: 0151 295 3052

Email: engagement@cheshireandmerseyside.nhs.uk

Postal address: Communications and Engagement Team
NHS Cheshire and Merseyside
No 1 Lakeside
920 Centre Park Square
Warrington
WA1 1QY

You can also use the above contact details if you require the information in alternative formats.

Please note: If completing the questionnaire online and commenting on more than one policy, please follow the steps below:

- You will only be able to comment on one policy at a time.
- Please answer questions on each policy in the order they appear in the list below - if you don't, you'll need to start the questionnaire again.

Draft policy summaries

Please note:

- These summaries provide an introduction to each policy, and an overview of the proposed changes – you'll find a link to the full draft policy at the end of each summary.
- When we refer to under current 'Merseyside' policies this includes the following areas: Halton, Knowsley, Liverpool, Sefton, St Helens and Warrington. For current 'Cheshire and Wirral' policies this includes the following areas: Cheshire East, Cheshire West and Wirral.
- Sometimes in the policy summary we use the phrase 'not routinely commissioned' this means that the treatment is not normally funded/available in NHS Cheshire and Merseyside and therefore patients will either only be able to receive treatment when certain conditions exist, or not at all.
- You will notice that not all areas of Cheshire and Merseyside currently have policies in place for the treatments/procedures listed below, so in some cases the draft policy we are proposing is not replacing an existing one. It's important to be clear that this doesn't mean that people living in these areas don't already receive care for a particular condition – they would still be referred to secondary care (hospital) by their GP if this was required, where the clinicians would work to the latest clinical evidence to decide on treatment. However, by making sure we have an updated set of policies that cover our whole population, we will be better able to make sure that in the future there is a consistent approach across Cheshire and Merseyside.

Name of policy

Breast augmentation

Description

Breast augmentation is a surgery to increase the breast size. The NHS does **not** fund for cosmetic surgery. It may only be considered if the patient was born with a medical condition that means they did not develop breast tissue **on both sides**.

What changes are we proposing

At the moment, there is no separate breast augmentation policy across Cheshire and Merseyside. Instead, these patients have been considered under a different policy, which is mainly intended for people who have a problem affecting **one** breast only.

In **Cheshire and Wirral** the proposed policy is similar to the previous policy except that we have increased the BMI threshold from 25 to 27.5 and introduced a lower age limit, meaning that patients must be over 18 years old before being considered for the treatment.

In **Merseyside**, the previous policy allowed treatment if breast tissue was missing on one side only; this policy provides information for patients who were born with no breast tissue on both sides. It also increases the BMI threshold from 25 to 27.5 BMI.

The proposed policy includes a no-smoking clause so that this treatment **will only be provided to patients who have not smoked or used nicotine-based or non-nicotine products for at least six months** - this includes e-cigarettes, nicotine replacement therapies and non-nicotine vaping devices.

What this means for patients

Some people may need to wait longer for surgery if they need time to stop smoking or vaping before treatment. In Cheshire and Wirral, patients need to wait until they are 18 years of age before being considered for surgery. (In relation to age in Merseyside, there are no changes).

Why we think we need these changes

The policy is based on the latest published evidence and current pathways in conjunction with consultant breast surgeons from across Cheshire and Merseyside.

- The introduction of the breast augmentation policy ensures patients born without breast tissue on both sides are treated fairly and consistently across Cheshire and Merseyside.
- The increase in BMI from 25 to 27.5 BMI reflects evidence that shows 27.5 is the average BMI for women in the UK and makes it consistent with the other breast surgery policies.

- Smoking and vaping (including non-nicotine vaping) can increase the risk of complications during and after surgery, particularly with wound healing. For this reason, patients are asked not to smoke or vape before surgery.
- Introducing the age limit of 18 years, ensures that that breast development has finished before treatment is considered.

Links

Link to [Current Policy](#)

Link to [Proposed Policy](#)

Name of policy

Breast reduction

Description

Breast reduction surgery is an operation to make very large breasts smaller when they are causing health problems. Some people have pain in their neck, shoulders or back. Some get skin soreness or rashes under the breasts. Others find it difficult to do everyday activities or feel that their wellbeing is affected. The aim of surgery is to reduce these problems and improve quality of life.

What changes are we proposing

Our consultant breast surgeons have asked us to remove the wording about bra size when deciding who can have surgery. This is because bra size is not always accurate and can vary between different styles and brands. Measuring breast tissue by volume and/or weight is more accurate and helps make sure people are assessed fairly.

The proposed policy includes a no-smoking clause so that this treatment **will only be provided to patients who have not smoked or used nicotine-based or non-nicotine products for at least six months** - this includes e-cigarettes, nicotine replacement therapies and non-nicotine vaping devices.

What this means for patients

For most patients, very little should change. Clinicians already use weight or measurements rather than bra size as a guide. Some people may need to wait longer for surgery if they need time to stop smoking or vaping before treatment.

Why we think we need these changes

The proposed policy is based on feedback from consultant breast surgeons across Cheshire and Merseyside.

- Removing bra size from the criteria should help make sure patients are assessed fairly and consistently across Cheshire and Merseyside.
- Surgeons across the North-West also asked us to include the no-smoking rule. Smoking and vaping can increase the risk of problems during surgery (including when a general anaesthetic is needed) and after surgery while the wound is healing. This is because nicotine can reduce blood flow.
- Because of these risks, patients are asked not to smoke or vape before surgery to help reduce complications, especially problems with wound healing.

Links

Link to [Current Policy](#)

Link to [Proposed Policy](#)

Name of policy

Breast symmetrisation surgery for breast asymmetry

Description

Breast asymmetry is when one breast looks noticeably different from the other. This might include differences in size, shape, or where the nipple sits.

What changes are we proposing

The proposed policy is similar to the existing policy however, in the existing policy the patient had to have a BMI of under 30, the proposed policy decreases this to BMI of 27.5.

Our consultant breast surgeons have asked us to remove the wording about bra size when deciding who can have surgery. This is because bra size is not always accurate and can vary between different styles and brands. Measuring breast tissue by volume and/or weight is more accurate and helps make sure people are assessed fairly.

The proposed policy includes a no-smoking clause so that this treatment **will only be provided to patients who have not smoked or used nicotine-based or non-nicotine products for at least six months** - this includes e-cigarettes, nicotine replacement therapies and non-nicotine vaping devices.

The current policy incorrectly refers to a congenital condition which affects both breasts (bilateral amazia). This condition would be treated under the breast augmentation policy not this one.

What this means for patients

Some people may need to wait longer for surgery, if they need time to lose weight, or stop smoking or vaping before treatment.

Why we think we need these changes

The policy is based on the latest published evidence and current pathways in conjunction with consultant breast surgeons from across Cheshire and Merseyside.

- The reduction in BMI from 30 to 27.5 BMI reflects evidence that shows 27.5 is the average BMI for women in the UK.
- Removing bra size from the criteria should help make sure patients are assessed fairly and consistently across Cheshire and Merseyside.
- Smoking and vaping (including non-nicotine vaping) can increase the risk of complications during and after surgery, particularly with wound healing. For this reason, patients are asked not to smoke or vape before surgery, for at least six months before they are referred.

- The removal of bilateral amazia as part of the eligibility criteria has been transferred to the breast augmentation policy as the symmetrisation procedure is only for conditions that affect one breast.

Links

Link to [Current Policy](#)

Link to [Proposed Policy](#)

Name of policy

Removal and/or replacement of silicone implants

Description

The NHS will usually only fund removal/replacement of silicone implants, if the original implants were inserted by the NHS, unless there is urgent clinical need. There are a number of reasons why a patient will have breast implants including:

- To increase the size of the breasts for cosmetic reasons
- Following medical procedures that have resulted in the patient having breast tissue removed
- If the patient has a genetic condition, which means they have under-developed breast tissue

Silicone implants are commonly used in these procedures. Sometimes these implants will need to be removed for medical reasons.

This document explains proposed changes to the NHS policy that sets out **when removal or replacement of silicone breast implants can be funded by the NHS**.

What changes are we proposing

In **Merseyside** the current policy only focuses on privately funded implants, which will only be removed and not replaced and only if there is a clear clinical or safety reason.

The proposed policy provides additional guidance for those who have NHS implants and confirms that the NHS will fund removal of silicone breast implants and will replace the implant if the patient meets the criteria in the breast symmetrisation policy.

In **Cheshire and Wirral**, the proposed policy is similar to the existing policy.

The proposed policy also introduces a no-smoking clause so that this treatment **will only be provided to patients who have not smoked or used nicotine-based or non-nicotine products for at least six months** - this includes e-cigarettes, nicotine replacement therapies and non-nicotine vaping devices.

It also includes details of when this policy will not apply e.g. suspected cancer, cancer treatment, and medical emergency for smokers.

Why we think we need these changes

The policy is based on the latest published evidence and current pathways in conjunction with consultant breast surgeons from across Cheshire and Merseyside.

In **Merseyside** the policy only references patients who have had their implant surgery privately – introducing a policy to cover NHS patients will ensure all patients have the same access to treatments across the whole of Cheshire and Merseyside.

The no-smoking statement has been included in the proposed policy following feedback from local surgeons across the Northwest and based on the health implications as described below.

Smoking and the use of nicotine-based and non-nicotine products (containing flavoured e-liquids and chemicals) can increase risk of complications during surgery, (especially if a general anaesthetic is required) and after surgery when the wound is healing due to the impact nicotine and other chemicals have on blood vessels.

Links

Link to [Current Policy](#) pages 26/27

Link to [Proposed Policy](#)

Ends.

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