

General Commissioning Policy

Treatment	Hair loss treatments
For the treatment of	Hair thinning & loss / Balding / Alopecia
Background	This commissioning policy is needed to clarify under what circumstances hair loss treatments will be commissioned. Some treatments are not routinely commissioned and are thus currently only considered via the Individual Funding Request Panel (IFR).
Commissioning position	<p>NHS Hull Clinical Commissioning Group (CCG) routinely commissions:</p> <ul style="list-style-type: none"> Reconstructive treatment for the correction of disfiguring permanent hair loss from face/scalp that is the result of previous surgery or trauma, including burns. (eg. reconstruction of the eyebrow). <p>NHS Hull CCG does not routinely commission :</p> <ul style="list-style-type: none"> Surgical treatments for hair loss eg. hair transplantation; The 'Intralace' hair system or Dermatography (tattooing) <p>to manage hair loss for solely cosmetic reasons.</p> <p>(i) It should be noted that the provision of wigs or hair loss treatment for Gender Dysphoria patients is NOT part of the NHS commissioned pathway for transgender patients and is not routinely commissioned by NHS Hull CCG.</p> <p>(ii) Additionally, it should be noted that this policy does NOT affect the existing local NHS pathways that exist for the provision of wigs to chemotherapy or alopecia patients.</p>
Effective from	January 2015
Summary of evidence / rationale	<p>The most common form of baldness is progressive hair thinning and/or loss, a condition known as 'androgenic [or androgenetic] alopecia'. In men this causes "male pattern baldness" which for many men is a normal process at whatever age it occurs. Almost all men have some baldness in their 60s.</p> <p>Androgenic alopecia in women tends to run in families, and usually causes the hair to thin in the front, on the crown, or on the sides, but seldom complete hair loss.</p> <p>Alopecia areata is a chronic inflammatory disease that affects the hair follicle and sometimes the nail. Alopecia areata usually presents as patches of hair loss on the scalp but any hair-bearing</p>

Notes

- This Policy will be reviewed in the light of new evidence, or guidance from NICE.
- General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

	<p>skin can be involved. Hair follicles are preserved in alopecia areata and the potential for recovery of hair growth is maintained, even in longstanding disease. However the condition may progress to total loss of scalp hair (alopecia totalis) or loss of the entire scalp and body hair (alopecia universalis), from which full recovery is unusual. Disease severity at presentation is the strongest predictor of long-term outcome. Although the disease may have a serious psychological effect, it has no direct impact on general health that justifies the use of hazardous treatments, particularly of unproven efficacy. In addition, many patients, although by no means all, experience spontaneous regrowth of hair. Leaving alopecia areata untreated is a legitimate option for many patients. Spontaneous remission occurs in up to 80% of patients with limited patchy hair loss of short duration (< 1 year).</p> <p>Alopecia areata is difficult to treat and few treatments have been reviewed in clinical trials. As cited in the British Association of Dermatologists Guidelines for the management of alopecia areata there has been a Cochrane review of 17 Random Controlled trials in Alopecia areata concluded that only one trial gave evidence of short term benefit and none showed long term benefit. The tendency to spontaneous remission and the lack of adverse effects on general health are important considerations in management, and not treating is the best option in many cases. However, the prognosis in longstanding extensive alopecia is poor and a wig may be a better option in such patients than indulging in treatments that are unlikely to be effective in this group.</p> <p>There is little clear evidence for the use of the 'Intralace' hair system for abnormal hair loss. Current providers are unable to demonstrate clear evidence for any real effectiveness, except for 'before and after' photos. Ongoing maintenance of the system is costly and time consuming.</p> <p>There are no mentions of the 'Intralace' system in any studies on alopecia. Due to the lack of clinical and cost effectiveness evidence NHS Hull CCG will not routinely commission the use of the 'Intralace' Hair System for abnormal hair loss.</p>
Date	June 2017
Policy to be reviewed by	June 2018
Contact for this policy	Karen Billany, Head of Acute Care, NHS Hull Clinical Commissioning Group. Karen.billany@nhs.net

References

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2. NHS Wig Policy
<http://www.nhs.uk/nhsengland/Healthcosts/pages/Wigsandfabricssupports.aspx>
3. NHS UK – Hair loss treatments
<http://www.nhs.uk/Conditions/Hair-loss/Pages/Treatment.aspx>
4. NHS Choices – Hair Loss
<http://www.nhs.uk/conditions/hair-loss/Pages/Introduction.aspx>