

Gathering public views on cosmetic interventions

May 2015



© **Healthcare Improvement Scotland 2015**

Published May 2015

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document. Commercial organisations must get our written permission before reproducing this document.

www.scottishhealthcouncil.org

Contents

| | | |
|---|-------------------|----|
| 1 | Introduction..... | 4 |
| 2 | Process..... | 4 |
| 3 | Feedback..... | 5 |
| 4 | Next steps..... | 10 |

1 Introduction

- 1.1 The Scottish Government's Scottish Cosmetic Interventions Expert Group was given a remit to gather an outline of the current position in respect of the cosmetic interventions sector in Scotland.
- 1.2 A review group in England, chaired by Sir Bruce Keogh, looked at the need for reviewing regulation in the cosmetic interventions sector following the Poly Implant Prothese (PIP) scandal which exposed lapses in product quality, after care and record keeping. The review group's recommendations were published in a report in April 2013 entitled *Review of the Regulations of Cosmetic Interventions*.
- 1.3 The Scottish Cosmetic Interventions Expert Group was asked to analyse the recommendations in the Keogh report to see if they could be applied and implemented in Scotland. The expert group was also asked to produce recommendations based on its findings and engage with all stakeholders throughout each stage of its work.
- 1.4 The expert group requested the support of the Scottish Health Council to engage with members of the public and patients to gather views across Scotland on what type of service the NHS should provide.

2 Process

- 2.1 During November 2014, the Scottish Health Council organised four focus groups – one each in Edinburgh, Aberdeen, Inverness and Glasgow. They comprised two sessions for the general public, one for older people, and one for people from ethnic minority backgrounds. A total of 21 people took part representing older adults, general public from an urban area, general public from a rural area, and a black and ethnic minority group.
 - 2.2 Participants were recruited by the Scottish Health Council according to whether they had experienced using cosmetic procedures and in the following categories: young male, young female and mixed older adult. Members of the general public (who had no experience of cosmetic intervention) and who represented a rural area, urban area and black and minority ethnic group were also invited. Users of cosmetic procedures were also recruited through existing engagement mechanisms (working groups). In addition, the Scottish Government publicised the work through a variety of channels including colleges in Scotland and beauty clinics.
 - 2.3 The format for the focus groups was the same at each session where, following a brief introduction from a member of the expert group, participants considered a standard set of questions covering themes of:
 - general knowledge of cosmetic procedures
 - expectation of regulation of cosmetic procedure, and
 - perceptions of marketing and targeting.
- The Scottish Health Council facilitated the discussion, recorded and reported feedback and evaluated each session. The results of the evaluation are available from the Scottish Health Council on request.

3 Feedback

A summary of the feedback received from all groups is outlined below.

What cosmetic procedures are you aware of?

- 3.1 Across all focus groups, participants seemed to have a good general knowledge and awareness of cosmetic interventions. They included procedures for, for example, breast reduction and enlargement, dentistry, cosmetic surgery for fire and burn victims, nose reconfiguration and rhinoplasty, liposuction, botox, tummy tucks, batwings, moles, penile enlargement and bariatric surgery.

Some participants had learned about procedures through newspaper articles and social media.

Those participants who had experienced interventions, emphasised the importance of having the procedures explained to them by a practitioner; some had attended group meetings to learn about what was involved. There was recognition that having the procedures explained put patients at ease and this led to an increased confidence in their practitioner.

Older people who took part took the view that the practitioner would not do something that was not required and would take time to make sure everything was in order. One participant said: "I was nervous initially but a full explanation of the procedure was given; very explicit and with graphic explanation (work to be carried out demonstrated on picture of face). If it had not felt comfortable I would not have gone through with the procedure."

Additional comments included: "Anything that is done to the body needs to be explained in detail and may take longer to explain from start to finish with someone with learning disabilities."

"When it comes to bariatric surgery it can be for a medical need but feel that Body Mass Index (BMI) targets are not realistic for example someone may not reach weight limit but still need surgery. BMI targets could actually encourage weight gain".

What do you think are the benefits of cosmetic procedures? What are the risks?

- 3.2 The benefits which participants described from having a cosmetic intervention were described as both medical and psychological. For example, one person in the older peoples' focus group had gone through a period of illness including cancer and the cosmetic procedure had given them a boost. Other medical benefits included procedures such as breast reduction which prevented one patient's back pain. There was a view that people with learning disabilities could be the subject of "bullying because of their appearance" and, therefore, could have a further barrier to contend with before embarking on any cosmetic procedure.

Other participants had had cosmetic procedures undertaken to enhance their appearance for their particular line of work. They highlighted that "first impressions counted" and getting

certain kinds of surgery could open up additional career opportunities. One participant commented: "It makes you feel better, look better."

To reduce risks with cosmetic interventions, participants suggested that patients should have a psychological assessment before surgery or a prior assessment of their mental health and wellbeing (and then assess the options available). Other risks identified included contracting infections both during and after surgery and worries about the opinions of others and society in general.

At the black and ethnic minority focus group, there was some discussion on bariatric surgery through the NHS and the removal of excess skin which is usually not funded by the health service for cosmetic purposes. One story relayed was about a person who had a gastric band fitted and had so much excess skin that the person tripped and fell; the NHS then had the cost of treating a broken leg and then removing excess skin. It was noted that for the NHS to fit a gastric band took approximately one hour whereas removal of excess skin could be more complex with the operation taking between one and two days.

Have you seen cosmetic procedures advertised? What did you think of the adverts? (asking about perceptions of marketing and targets)

- 3.3 Most participants received information on cosmetic procedures via email, paper supplements, magazines, social media or friends (one participant shared such an advertisement).

At the black and ethnic minority focus group it was highlighted that advertising for cosmetic procedures tended to use photographs of young attractive people; it was felt this could "play on peoples' insecurities". It was also highlighted that it was normally women that featured in advertising campaigns, rather than men.

Participants were aware of the challenges with promoting cosmetic interventions and expressed the view that any "bad advertising" practice should be reported. They also felt that it was important that practitioners who advertised and practiced highlighted their professional qualifications (and that they should all have a medical background). Some participants were of the view that beauticians should not be carrying out cosmetic procedures.

One participant in the older peoples' focus group commented that: "The first procedure was carried out by a doctor, later ones by a prescribing nurse". She said she had some qualms about this initially but felt more reassured as the treatment progressed.

What did you think of the adverts? (asking about perceptions of marketing and targets)

- 3.4 One participant felt particularly strongly about the way cosmetic interventions were advertised:

"It is outrageous and very misleading. Most look like they are from the same mould, airbrushed, men would see this and think it is normal and girls would look at this as what they should look like."

Generally, others felt that advertising of cosmetic interventions could be very misleading and that the full implications of procedures were never shown in advertising or marketing with no scars or swelling shown in photographs.

What type(s) of regulation do you think are used for the cosmetic services in Scotland ?

- 3.5 There was a general consensus across the focus groups that practitioners of cosmetic interventions should be regulated.

“There needs to be some sort of body to monitor and check fitness to practice and give protection for clients.”

Whilst it was recognised that doctors, nurses and clinicians would be subject to their own professional bodies’ regulation, it was no surprise to participants to learn that there was no legal requirement for qualifications to carry out cosmetic procedures.

Participants said they were of the view that professionals who carry out procedures should have the necessary qualifications and advocated for a regulatory body covering cosmetic interventions. There was also a perception that there would be less need for qualifications in the private sector. Regardless of the sector, however, participants felt that there should be substantial training for people who carried out such procedures.

When talking about premises where cosmetic interventions were performed and whether they were regarded as of suitable quality, some participants agreed that it was a grey area but felt it should be the surgeon’s responsibility to ensure the premises were suitable.

Some other comments highlighted concerns over the lack of regulation:

“You would like to think that if you had to deal with injections that you should have some training/licence to practise.”

“Assume some establishments, for example beauticians, have no regulation at all, they are not medical professionals, will not investigate the patients past medical history before carrying out a procedure.”

“You would think drugs would be regulated but then you can buy things online these days, so are they? If a consultant can hand out a private prescription, are the drugs being prescribed regulated if this is not a NHS prescription/drug.”

There was also concern expressed regarding health and safety issues when procedures were carried out by unregulated independent practitioners. One example at the black and ethnic minority focus group was of someone who went for laser hair removal around their eyes and the beautician who carried out the procedure placed the laser in her eye which then caused permanent damage. Participants felt that there should be laws and regulation in order to protect patient safety.

Also at the black and ethnic minority focus group there was discussion about current arrangements which were in place whereby any doctor was able to perform cosmetic procedures and that currently there were no regulations for clinics.

What safeguards would you expect to be in place to protect customers receiving cosmetic procedures?

- 3.6 Across all focus groups participants expected a high level of safety to protect those receiving cosmetic procedures.

One participant was concerned that there seemed to be no route or mechanism for redress for patients should something go wrong with the procedure, nor was there a responsibility on the NHS to correct a procedure that ultimately required medical (NHS) intervention.

There was a view that there needed to be accountability on the part of the practitioner. For example, if a procedure went wrong under the NHS it would be expected that the NHS would meet the cost of “rectifying the mistake”. Participants were unsure about whether this would be the case in the private sector.

“If something was to happen in a hospital then the hospital would be held responsible, they have insurance for this, but other practices like beauticians may not.”

Participants also felt that any doctors or clinicians practicing cosmetic interventions in the private sector should also work in the NHS and the same should apply to nurses and other health professionals.

“Surgeons are licensed – they should be professional and make sure all is ok. Checks should be made to make sure staff are qualified and whether the qualification is relevant in this country.”

Participants felt that the same standards should apply equally to private practitioners as for the NHS and that private practitioners should be required to be members of an appropriate professional body for accountability purposes. One participant advocated that a second opinion should always be sought before a cosmetic procedure was carried out and at the black and ethnic minority focus group there was some discussion about who would decide if treatment was classed as cosmetic or medical.

Participants also raised the issue about redress in instances when a procedure went wrong and the fact that people could be put off from complaining about treatment. In a similar context, it was noted that an increasing number of beauticians were taking out liability insurance to cover any claims.

Although it was acknowledged that the NHS had a recognised complaints procedure, participants generally felt that people did not know how to complain about cosmetic interventions when they were conducted privately. Some participants mentioned that this could be an even bigger problem for people whose first language was not English.

How would you know if the place where the cosmetic services happen is trustworthy?

- 3.7 Most participants said that they had made a judgement on the reputation of services generally through word of mouth and sharing experience with friends. Again, there was a strong view about a role for a regulatory body to inspect clinics and ensure they were meeting required standards. Some participants felt that any private clinic that did not comply with necessary standards and inspections should be closed down.

Some participants suggested that there should be a professional register so that customers could check the credentials of private clinics and certificates, qualifications and accreditation should clearly be on display at all premises.

It was felt that regular clients would have built up a relationship with clinic staff and have confidence in the service, however online research could be made available, or accessible leaflets and posters developed for those seeking more information.

Do you think the NHS should treat patients who are unhappy with the outcome of their procedure?

- 3.8 There were strong views about whether or not the NHS should treat patients who were unhappy with the outcome and/or appearance of their procedures:

“Absolutely not.”

“Yes but then seek the costs from where the original surgery took place.”

“Why should we pay for someone’s incompetence?”

At one focus group there was agreement that, in cases of medical emergency, the NHS should treat the patient, however if the person was “unhappy” with the procedure any supplementary work should not be met by the health service. Participants felt that the exception to this could be for example in the case of poly implant prothese (PIP breast implants) where procedures had subsequently “gone wrong” through technical failure of the product.

Across the focus groups it was felt that there should be some regulation and indemnity in place at practising clinics. Participants felt that there needed to be clear agreement between the NHS and private sector on where responsibilities lie.

Participants discussed whether there was a need to introduce an age restriction on people who were eligible for a cosmetic intervention. There were mixed views; some people felt that older people could possibly be “manipulated into having unnecessary treatments” or younger people may not be mature enough to make the right decisions. Others thought each case should be viewed on an individual basis and on its merits.

Should there be limitations to NHS treatment? (for example need is medical rather than cosmetic)

- 3.9 In terms of whether there should be any limitations on NHS treatment, participants were of the view that, if it was a non emergency and non medical, the NHS should be not be involved. There was also a view that, if a person was unhappy with the procedure and at some stage required emergency treatment, there was merit in the NHS being able to rectify both issues (for example, if one breast was smaller than other after surgery). Another example was if someone had had a testicle removed (because of testicular cancer) then the view was that they would automatically receive a prosthetic one.

4 Next steps

The feedback from the focus group discussions included in this report have been shared with the Government's Scottish Cosmetic Interventions Expert Group. The report will be used to inform Scottish Government research and form part of an overall report which will include recommendations for the future regulation of cosmetic interventions.

Acknowledgement

The Scottish Health Council would like to thank everyone who contributed to the focus group discussions and local staff who supported this project.

You can read and download this document from our website. We can also provide this information:

- by email
- in large print
- on audio tape or cd
- in Braille, and
- in other languages

يمكنك قراءة وتنزيل هذا المستند من موقعنا الإلكتروني. ويمكننا أيضاً أن نقدم لك هذه المعلومات:

- بالبريد الإلكتروني
- بخط كبير
- على شريط صوتي أو قرص مدمج (cd)
- بلغة برايل
- بلغات أخرى

আপনি আমাদের ওয়েবসাইট থেকে এই দলিল পড়তে ও ডাউনলোড করতে পারেন, তাছাড়া আমরা এই তথ্য :

- ইমেলে
- বড় হরফে
- অডিও টেপ বা সিডি-তে
- ব্রেইলে, এবং
- অন্যান্য ভাষাতেও জানাতে পারি

Vous pouvez lire et télécharger ce document sur notre site web. Nous pouvons également vous fournir ces informations :

- par courrier électronique
- en gros caractères
- sur cassette ou CD audio
- en Braille
- et dans d'autres langues

Faodaidh tu am pàipear seo a leughadh agus a luchdachadh a-nuas bhon làrach-lìn againn. Bheir sinn an fhiosrachadh seo seachad cuideachd:

- Ann am post-dealain
- Ann an sgrìobhadh mòr
- Air teap claisneachd no cd
- Ann am Braille, agus
- Ann an cànanan eile

आप इस दस्तावेज़ को हमारी वेबसाइट से पढ़ और डाउनलोड कर सकते हैं। हम इस जानकारी को निम्न माध्यम से भी प्रदान कर सकते हैं:

- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

Šį dokumentą galite skaityti ir atsisiųsti iš mūsų tinklavietės. Šią informaciją taip pat teikiame:

- el. paštu;
- stambiu šriftu;
- garsajuoste arba kompaktiniu disku;
- Brailio raštu ir
- kitomis kalbomis.

Dostęp do tego dokumentu, a także możliwość jego pobrania, można uzyskać na naszej witrynie internetowej. Informacje można również otrzymać w następujących postaciach:

- wiadomość e-mail
- wydruk z dużą czcionką
- kaseeta audio lub płyta CD
- zapis alfabetem Braille'a
- zapis w innym języku

Вы можете прочитать и загрузить этот документ с нашего веб-сайта.
Информация также предоставляется следующим образом:

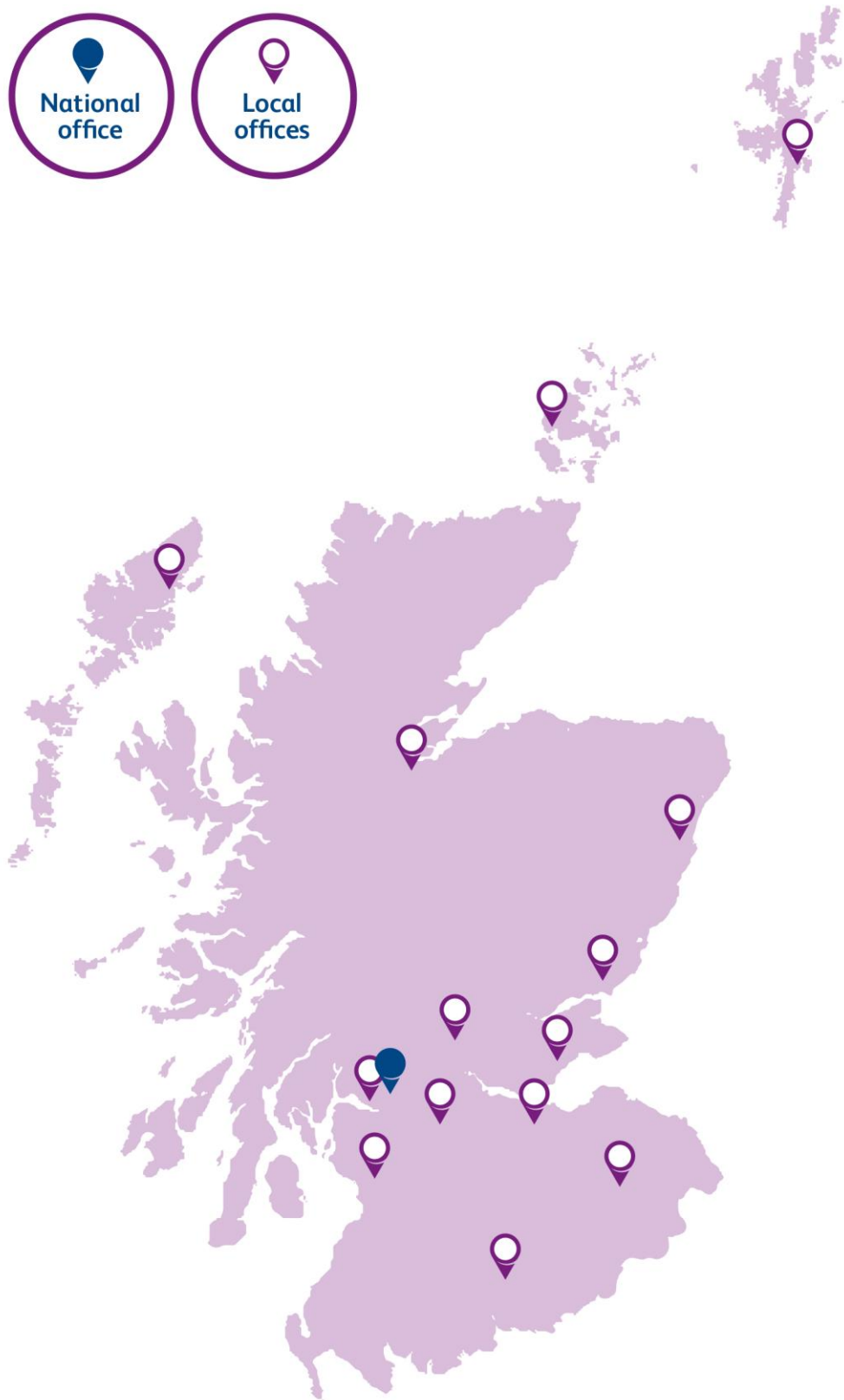
- по электронной почте
- крупным шрифтом
- на аудиокассете и компакт-диске
- шрифтом Брайля и
- на других языках

您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：

- 電子郵件
- 大版面印刷
- 語音磁帶或 cd
- 盲文，以及
- 其他語言版本

آپ ہماری ویب سائٹ پر اس دستاویز کو پڑھ اور ڈاؤن لوڈ کر سکتے ہیں۔ ہم یہ معلومات درج ذیل کے ذریعہ بھی فراہم کر سکتے ہیں:

- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- پریل میں ، اور
- دیگر زبانوں میں



The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: www.scottishhealthcouncil.org/contact/local_offices.aspx

www.scottishhealthcouncil.org

Scottish Health Council National Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone: 0141 241 6308 **Email:** enquiries@scottishhealthcouncil.org

The Scottish Health Council is part of Healthcare Improvement Scotland