

# Acne - Pulse-dye laser treatment

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| **Commissioning decision** | **Acne - Pulse-dye laser treatment is considered a low priority for funding and will only be considered in exceptional circumstances. Funding approval must be sought from the CCG via the Individual Funding Request process prior to treatment.** |

**Policy Statement:**

Not normally funded.

**Rationale:**

Laser treatment does not offer a permanent cure for acne. Laser treatment may temporarily reduce acne spots and redness, but the evidence is based on small studies.

**Plain English Summary:**

Laser or light therapy (pulses of light) can reduce the redness in a scar by targeting the blood vessels in the excess scar tissue. For some pitted scars, laser surgery (laser re- surfacing) is used to try to make the scar flatter. This involves using a laser to remove the top layers of skin, which stimulates collagen production in the deeper layers.

However, there are very few long-term studies to prove the effectiveness and safety of this therapy, and it is therefore not routinely funded by the NHS in Gloucestershire but may be considered in exceptional circumstances.

If your doctor believes you should be considered for this treatment your doctor will need to complete an Individual Funding Request application form to request funding from the CCG, and within this application will need to demonstrate why your circumstances are exceptional. The CCG will consider such applications on a case by case basis in order to determine whether or not the procedure would be funded on the NHS.

**Evidence base:**

Yung et al Comparison of PDL and combined 585/1064nm laser in acne vulgaris Dermatol Surg 2009; 35:1-7

Established local clinical practice.

Link to application form – Not applicable

For further information please contact GLCCG.IFR@nhs.net

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| **Date of publication** | December 2015 |
| **Policy review date** | June 2024 |

 **Consultation:**

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| **Consultee** | **Date** |
| Planned Care Programme Board | 31st March 2015 (virtual) |
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| Has the consultation included patient representatives? | **No** |

**Policy sign off:**

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| **Reviewing Body** | **Date of review** |
| Effective Clinical Commissioning Policy Group | 14th April 2015 |

## Version Control:

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| **Version****No** | **Type of Change** | **Date** | **Description of Change** |
| 1 |  | 14.04.2015 |  |
| 2 | Review date | 22.03.2018 |  Review date changed to March 2021 |
| 3 | Review date | 10.06.2021 |  Review date changed to June 2024 |