



Service harmonisation public consultation – Thurrock

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Bringing equity to NHS
services across mid
and south Essex

Agenda Item 13

Agenda

- Legal and organisational situation
- Policies to be harmonised
- Criteria for policy decisions
- Expected impact on residents
- Consultation process
- Questions

Legal and organisational situation

Key goals for integrated care boards (ICBs) under 2022 Health Act:

1. Improve population health and healthcare outcomes
2. Tackle inequalities in outcomes, experience, and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

Thus:

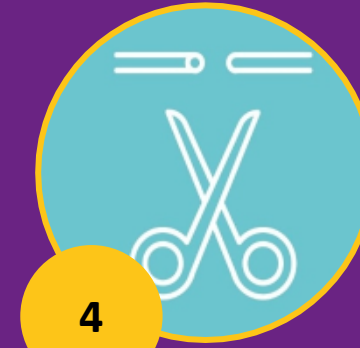
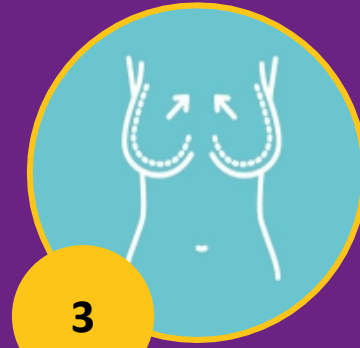
ICBs have a statutory obligation to end local variations in NHS services they commissions within their footprints arising from former clinical commissioning groups' policies

Most commissioning policies among the five mid and south Essex CCGs were similar

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BUT the availability of six services varied significantly by CCG

Policies to be harmonised



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1
Weight loss surgery (bariatric surgery)

2
Uneven breast correction (breast asymmetry)

3
Breast reduction

4
Female sterilisation

5
Male sterilisation (vasectomy)

6
Tertiary (specialist) fertility services

What are tertiary fertility services?

These are specialist clinical services including:

- Intra-uterine insemination (IUI)
- Oocyte (egg) donation
- Sperm donation
- In-vitro fertilisation (IVF) with OR without intra-cytoplasmic sperm injection (ICSI – injection of sperm directly into an egg)

Criteria for policy decisions

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- All six services provided by the NHS only under certain circumstances, which currently vary by former CCG area
- Some are provided for a specific group of people defined through “threshold” criteria in the policy – called **group prior approval**
- These threshold criteria can be applied at referral, e.g. by a GP
- Other policies require **individual prior approval** – where threshold criteria are assessed against an individual resident’s circumstances by the ICB’s central team

Expected impact on Thurrock residents –

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**What would these policies
mean for local people if
adopted as presented?**

Bariatric surgery – change for Thurrock residents



No change for residents in Thurrock – but residents in other ICB areas will now enjoy the same eligibility criteria, which are **group prior approval** for people of:

- BMI threshold – 40 or more; or
- Between 35 and 40 and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved by weight loss

Breast asymmetry correction – change for Thurrock residents



One change for residents in Thurrock:

- Patient must be a non-smoker

Other criteria remain the same

- **Individual prior approval**
- Difference of at least two cup sizes (e.g. C/DD)
OR >1 year of serious functional impairment
- Conservative management options attempted

Breast reduction – change for Thurrock residents



- Thurrock residents will be eligible if their BMI is **less than 27**, while the old policy set the threshold at a BMI of less than 25
- The minimum amount of tissue removal would rise from 500g to at least 1kg
- Patient must be a non-smoker
- It still requires **individual prior approval**

Female sterilisation – change for Thurrock residents



- **BMI of under 35** now required to access the service (current policy sets no restriction on BMI to provide this service)
- Vasectomy for male partner must be considered during counselling
- Now requires **group prior approval** (previously routinely funded)
- Greater clarity on supporting people with impaired capacity

Male sterilisation – change for Thurrock residents



- Vasectomy under local anaesthetic will be **routinely provided** (previously group prior approval required)

Vasectomy under general anaesthetic still requires **group prior approval**

Specialist fertility services – impact for Thurrock residents



- **Expanded access** to the number of **IVF** cycles for prospective parents aged 40 – 42 and same-sex couples
- **No intra-uterine insemination provided** for heterosexual **or** same-sex couples (the Thurrock CCG policy included provision for heterosexual couples)
- One batch (usually six) of donor oocytes provided – an **increase of one oocyte** from the former batch size of five
- **No change** to current one batch of sperm donation
- All continue to need **individual prior approval**



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These proposals have taken into account the input of clinicians, and the views of local people, whilst ensuring equity and the affordability of the local NHS

We did not propose keeping the current policies in place an option as they do not provide fair and equal access for all residents in mid and south Essex

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What about people using these now?

- All patients already receiving treatment or who start treatment under current policies can continue with it
- Once this consultation is complete and the new policy is agreed upon, that policy will be applied to new referrals for treatment

Consulting residents

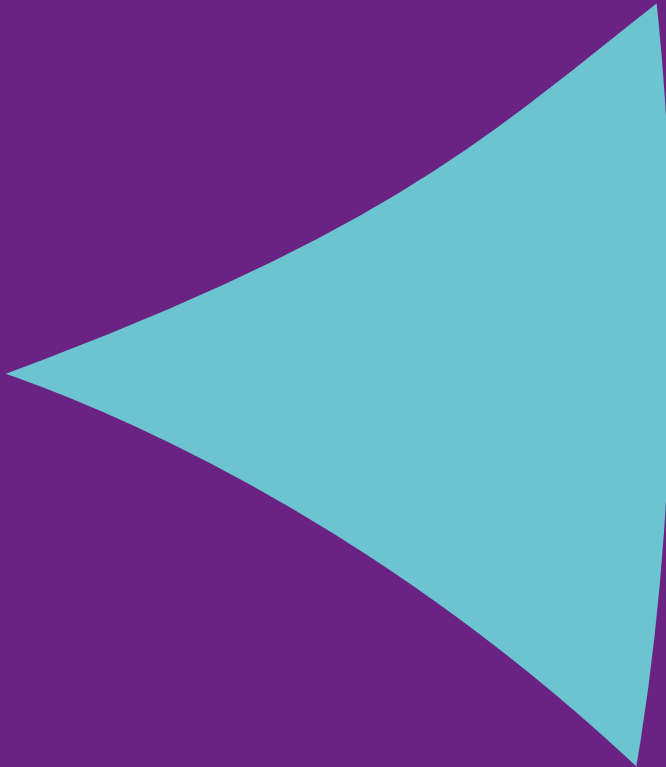
- Consultation launched 31st October to gain a greater spectrum of views as well as targeted conversations
- Running a survey in print and online, promoted in the media, through partners and in local libraries
- Working with residents' groups both face-to-face and on Facebook to get the word out
- Face-to-face events in each MSE alliance area with pre-bookable places (Thurrock's is on **9 Nov, from 6.30pm at The Beehive, West St, Grays**)
- Focus groups in seldom-asked communities
- Providing the survey in Easy Read format and, where requested, other languages



The consultation timeline

- Pre-consultation engagement to shape options – September 2022
- Consultation runs 31 October to 19 December 2022
- Face-to-face event at the Beehive in Grays on 9 November 2022
- Consultation feedback is independently analysed with report in Jan 2023
- The ICB Board meeting to discuss the proposed policies is scheduled for Thursday 9 February 2023
- Any changes decided by the Board will take effect from 1 April 2023

Questions?



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www.midandsouthessex.ics.nhs.uk