

Consultation proposal

Procedure	Proposal (for consultation)
<p>Bariatric Surgery</p>	<p>Service provision via: Group Prior Approval</p> <p>Recommended threshold criteria: NICE criteria, e.g.</p> <ul style="list-style-type: none"> ▪ The person has a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² and other significant disease (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight. ▪ All appropriate non-surgical measures have been tried but the person has not achieved or maintained adequate, clinically beneficial weight loss. ▪ The person has been receiving or will receive intensive management in a tier 3 service. ▪ The person is generally fit for anaesthesia and surgery. ▪ The person commits to the need for long-term follow-up. <p>EHIA points of note: Race/ ethnicity - BMI threshold for different ethnic groups may be reviewed in accordance with latest national evidence.</p>
<p>Breast Asymmetry</p>	<p>Service provision via: Individual Prior Approval</p> <p>Recommended threshold criteria: The goal of surgery is to correct a significant deformity which is causing an impact on health. Patients will be eligible if all the following are confirmed:</p> <ul style="list-style-type: none"> • Clinical evidence rules out any other medical/physical problems to cause these symptoms; and the wearing of a professionally fitted brassiere has not relieved the symptoms, and • There is a difference of at least 2 cup sizes (e.g. C and DD cup size differential) OR evidence of another serious functional impairment for at least one year. and • Full evidence is provided of all conservative management options that have been attempted, and • The patient is a non-smoker and • Patient has had no change in cup size for 1 year, and has reached end of puberty (referral should be delayed if end of puberty has not been reached). • Only unilateral breast reduction (not unilateral breast augmentation) will be funded.

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	<ul style="list-style-type: none"> This policy does not cover gynaecomastia. <p>EHIA points of note: Sex (Gender) - may result in increased access for women, as not previously funded in B&B or ME.</p>
Breast Reduction	<p>Service provision via: Individual Prior Approval</p> <p>Recommended threshold criteria:</p> <ul style="list-style-type: none"> The patient is suffering from neck ache or backache. Clinical evidence will need to be produced to rule out any other medical/physical problems to cause these symptoms; and the wearing of a professionally fitted brassiere has not relieved the symptoms, and The patient has persistent intertrigo for at least one year and confirmed by GP OR another serious functional impairment for at least one year. and Full evidence is provided of all conservative management options that have been attempted, including weight management services where appropriate and The patient has a BMI <27 and evidence that the weight has been stable for 12 months, and The patient is a non-smoker and At least 1kg is planned to be removed from each breast. Patients who have predictable breast changes due to pregnancy are excluded. <p>EHIA points of note: Sex (Gender) - may result in increased access for women, as not previously funded in ME.</p>
Female Sterilisation	<p>Service provision via: Group Prior Approval</p> <p>Recommended threshold criteria:</p> <ul style="list-style-type: none"> Family complete: The woman is certain that her family is complete or that she never wants children in the future.

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	<ul style="list-style-type: none"> • Contraception: AND there is an absolute clinical contraindication to Long Acting Reversible Contraception (LARC) or has severe side effects to the use of LARC or declines a trial of LARC after counselling from a healthcare professional experienced in fitting these devices. • Capacity: AND the woman has mental capacity OR all necessary arrangements have been completed to either support her to a position of having capacity or where appropriate advocacy arrangements are in place, in compliance with latest capacity guidance. • Counselling: AND she aware that the procedure is permanent but has a failure rate, that reversal is not funded on the NHS (except via Individual Funding Requests), that other forms of LARC have a similar success rate, with lower risk profile. Counselling must also include consideration of vasectomy for her partner where appropriate. • BMI: AND she must have a BMI less than 35, due to increased clinical risk associated with BMI of 35 and above. • Exemptions: women who have a medical condition making pregnancy dangerous or where LARC is contra-indicated or inappropriate will be exempt from these criteria and female sterilisation will be routinely funded. <p>EHIA points of note:</p> <ul style="list-style-type: none"> • Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity. • Sex (Gender): Not previously commissioned in Mid Essex (ME), was routinely funded in Castle Point and Rochford (CPR), Southend, Thurrock. Women in ME should have greater access. Do not expect negative impact in CPR, S & T as criteria used should reflect previous clinical decision-making criteria. • Economically deprived communities: higher rates of obesity, therefore more affected by BMI criterion than less economically deprived communities. However, criteria reflect prior clinical practice and so is not anticipated to result in a change in access.
Vasectomy	<p>Service provision via: Vasectomy under Local anaesthetic: Routinely funded Vasectomy under General anaesthetic: Group Prior Approval</p> <p>Recommended threshold criteria for Vasectomy under General Anaesthetic:</p> <ul style="list-style-type: none"> • Previous documented adverse reaction to local anaesthesia.

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	<p>OR</p> <ul style="list-style-type: none"> Scarring or deformity distorting the anatomy of the scrotal sac or content making identification and/or control of the spermatic cord through the skin difficult to achieve. <p>EHIA points of note:</p> <ul style="list-style-type: none"> Equality: may increase gender equality, reducing burden on women to undergo long-acting reversible contraception, female sterilisation, abortion or pregnancy. Economically deprived communities: may increase access to permanent contraception, reduce need for abortion.
<p>Tertiary Fertility Services</p>	<p>Service provision via: Individual Prior Approval</p> <p>Recommended threshold criteria:</p> <ul style="list-style-type: none"> IVF: A full cycle defined as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. For patients who do not achieve a live birth with the fresh embryo transfer, the transfer of one frozen embryo will be funded. The age of mother at the time that the embryos are frozen is required to be within the age limits set out in the policy. This also applies to the age at transfer. Cause of infertility: Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least 2 years, taking into consideration both age and waiting list times. Where the partner receiving IVF is 40-42, the period of unexplained infertility should be at least 1 year. Eligible Couples will be offered: a maximum of 2 full cycles of IVF+/-ICSI (local definition of a full cycle) where the partner receiving treatment is between the age of 23 and 39. Where the partner is between the age of 40-42, a maximum of 1 full cycle (local definition) will be offered. Patients younger than 23 will be considered where investigations have shown conception would be impossible without fertility treatment. Any previous IVF cycles, whether self- or NHS-funded, will count towards the total number offered by the ICB. The partner receiving IVF should have been registered to an MSE practice for at least 12 months preceding referral to IVF services. BMI: Women will only be considered for treatment if their BMI is between 19-30 (Kg/m²). Women with BMI >30 should be referred to the appropriate obesity management pathway.

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	<ul style="list-style-type: none"> • Men with a BMI of >35 will not be considered for treatment and should be referred to appropriate obesity management pathway. • Smoking: Couples must not be non-smoking at the time of treatment. • Same Sex Couples: If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. • Donor gametes: Up to one batch (usually 6) of donor oocytes and one batch of sperm will be funded. Where more than two viable embryos are generated, up to two transfers will be funded in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own. Fertility products will be stored in line with relevant national guidance. • Living Children: Fertility treatment will only be offered to couples where the following two criteria are met: a) where there are no living children in the current relationship b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships • Intrauterine insemination (IUI) will not be funded. <p>EHIA points of note:</p> <ul style="list-style-type: none"> • Age: note age restrictions within criteria. • Sexual orientation: women in same-sex relationship have to self-fund IUI prior to being eligible for IVF. Under recommended criteria, same sex couples would now be eligible for the same number of cycles as heterosexual couples. • Sex (gender): Men unable to access this service.

The table below clarifies any changes proposed to service provision consultation.

Procedure	Previous CCG service provision	ICB service provision proposal for consultation
Bariatric surgery	Basildon and Brentwood (BB): Individual Prior Approval (IPA) Mid Essex (ME): IPA Southend and Castle Point and Rochford (SCPR): Group Prior Approval (GPA) Thurrock: GPA	Group Prior Approval (GPA)
Breast asymmetry	BB: Not funded ME: Not funded S&CPR: IPA T: IPA	Individual Prior Approval (IPA)
Breast reduction	BB: IPA ME: Not funded SCPR: IPA T: IPA	IPA
Female sterilisation	BB: GPA ME: Not funded S&CPR: Routinely funded T: Routinely funded	GPA
Vasectomy	BB: <ul style="list-style-type: none"> • Local Anaesthetic (LA) = Routinely funded • General Anaesthetic (GA) = GPA ME: Not funded SCPR: <ul style="list-style-type: none"> • LA = Routinely funded • GA = GPA T: <ul style="list-style-type: none"> • LA = Routinely funded • GA = GPA 	LA: Routinely funded GA: GPA

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Tertiary Fertility services	BB: Not funded ME: Not funded SCPR: IPA T: IPA	IPA