Mid Essex SRP – Appendix

Across mid and south Essex for the following procedures\* individual CCGs will retain an individual commissioned policy and will not be part of the common Mid & South Essex CCGs common commissioning policy.

Access criteria for treatments may vary between CCGs and GPs/providers must confirm funding arrangements before referral/treatment.

At the time of publication these include:

[Assisted Conception](#AssistedConception) – including IVF/ICS/IUI – specialist fertility services

[Bariatric Surgery](#Bariatric_Surgery)

[Breast Asymmetry](#BreastAsymmetry) (Criteria not changed – wording changed for consistency)

[Breast Reduction](#BreastReduction) (Criteria not changed – wording changed for consistency)

[Female Sterilisation](#FemaleSterilisation)

[Gynaecomastia](#Gynaecomastia) (Change from v1.0 - moved to main policy document)

[Vasectomies](#Vasectomies)

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| **Policy statement:** | **[Assisted Conception (Using IVF/ICS/IUI](#Index) -Specialist Fertility Services)** |
| **Status:** | **Not Routinely Funded** |

MECCG does not routinely fund Specialist Fertility Services- including assisted conception using IVF/ICS/IUI.

These services/procedures have been assessed as a **Low Clinical Priority** by MECCG and will not be funded unless there are **exceptional clinical circumstances.**

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

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| ICD10 codes |  |
| OPCS codes | Q13\*, Q21\*  N34.2, N34.4, N34.5, N34.6 (sperm Extraction) |
| OPCS/ICD10  codes |  |

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| **Policy statement:** | **Bariatric Surgery and access to specialist obesity services** |
| **Status:** | **Individual Prior Approval** |

Essex County Council is responsible for commissioning Tier 2 support and currently commissions support for overweight or obese patients with a BMI over 25kg/m2 or 23kg/m2 for those from African-Caribbean or Asian [South Asian and Chinese] populations.

For compliance with this policy, people may also access commercially available courses which meet the following criteria:

* Multi-component course i.e. diet, physical activity and behaviour change
* Focused on life-long lifestyle change
* Course lasted at least 3 months
* Sessions were held weekly or fortnightly
* Each session included a weigh-in
* Specific dietary targets were set, agreed and monitored
* Discussions taken around reducing sedentary behaviour and physical activities that can be easily incorporated into everyday life for the long term
* Used a variety of behaviour-change methods

This currently includes courses offered by Weight Watchers®, Slimming World® but other compliant courses are available.

To access ECC commissioned Tier 2 support for either GP or patient self-referral contact current provider-ACE Weight Management Service (‘My Weight Matters’) on 0800 022 4524 then option 3.

MECCG does not commission Tier 3 specialist multidisciplinary obesity services.

**Individual prior approval**

Patients will **be considered for referral** to Specialist Obesity Services, which include assessment for bariatric surgery, if they meet the following criteria:

* Patient is 18 year or older.
* Patient has BMI ≥ 35 for at least 5 years with significant co-morbidities (for example type 2 diabetes, hypertension, cardiovascular disease, osteoarthritis, dyslipidaemia and sleep apnoea), OR Patients with BMI ≥ 40 for at least 5 years without co-morbidities
* Patient provides evidence of attendance, engagement and full participation in a weight management programme. Engagement can be judged by attendance records and achievement of pre-set individualised targets (for example steady and sustained weight loss of 5-10%, or maintaining constant weight whilst stopping smoking).
* Patient has completed a Tier 2 weight management course within the last 12 months.- Examples of Tier 2 courses would include My Weight Matters (delivered by ACE), Slimming World and Weight Watchers, although others are available. Such a programme should be in the spirit of a lifestyle weight management service as described by NICE (“Managing overweight and obesity in adults”, NICE Public Health Guidance 53, May 2014):-
  + Are multi-component, e.g. consider diet, physical activity levels and behaviour change;
  + Focus on life-long lifestyle change;
  + Last at least 3 months, and that sessions are offered at least weekly or fortnightly and include a 'weigh-in' at each session;
  + Ensure specific dietary targets are agreed and progress monitored;
  + Ensure discussions take place about how to reduce sedentary behaviour and the type of physical activities that can easily be integrated into everyday life and maintained in the long term;
  + Use a variety of behaviour-change methods, e.g. how to make changes to the social environment; self-monitoring of weight and behaviours that can affect weight.

AND

* Patient has completed a Tier 3 weight management programme **or** has kept a 12 month (minimum) diary recording physical exercise undertaken, diet consumed and weight progress which has been reviewed and signed by a registered healthcare professional at least once every 3 months. The healthcare professional should keep a record of their discussion with the patient re progress. Patients who partially complete a Tier 3 management programme may count time spent within Tier 3 towards this 12 month minimum requirement.
* Patient is a non-smoker at the time of referral (as confirmed by CO monitor-for adults reading of 6 COppm (1.59%COHb) or less) and maintains this status.
* GP has addressed and optimised management of any underlying social circumstances or clinical conditions which may be affecting weight management in the patient e.g. hormone problems such as underactive thyroid, Cushing's syndrome, polycystic ovarian syndrome (PCOS); substance misuse
  + lack of sleep- exclude obstructive sleep apnoea-Epworth score of 10 or less
  + depression- patients with a score of more than 17 on PHQ9 screening tool must be referred to IAPT and condition managed before referral
  + alcohol consumption-refer to <http://openroad.org.uk/contact_us/> and condition managed before referral
  + social circumstances- refer to appropriate service through Essex Connects (social prescribing project) <http://www.nice.org.uk/guidance/PH53>

MECCG commissions Complex and Specialised Obesity Surgery in accordance with the NHS England’s Clinical Commissioning Policy: Complex & Specialised Obesity Surgery,

www.england.nhs.uk/wp-)content/uploads/2013/04/a05-p-a.pdf) released April 2013, which has been adopted for use by MECCG.

Patients assessed by the Specialist Obesity Services as being suitable for bariatric surgery must notify the Individual Funding Co-ordinator and confirm compliance with commissioning policy by completing the proforma. **MECCG will not fund procedures performed outside policy and which have not been notified to MECCG prior to surgery.**

MECCG does not commission bariatric surgery for children under the age of 18 years of age.

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

A patient decision aid may be useful for the patient to assess the benefits and risks of treatment options. Please see [patient decision aid](http://arms.evidence.nhs.uk/resources/hub/1057533/attachment) that can be used for bariatric surgery.

Ref: <http://www.nice.org.uk/guidance/PH53>

<https://www.nice.org.uk/guidance/cg189>

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| ICD10 codes | E66 *(see below for combined use)* |
| OPCS codes | G28.1 – G28.9 with ICD10 code E66\*  G30.1 – G30.9  G31.1, G31.2, G31.8, G31.9 with ICD10 code E66\*  G38.7  (G71.6 – removal of Gastric Band) |

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| **Policy statement:** | **Breast Asymmetry** |
| **Status:** | **Not Funded** |

Procedures to treat breast asymmetry ***will not be*** funded

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

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| ICD10 codes | Z411 |
| OPCS codes | B30.1 – B30.9, B31.1 – B31.9 with ICD code above |

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| **Policy statement:** | **Breast Reduction** |
| **Status:** | **Not Funded** |

Procedures for breast reduction ***will not be*** funded.

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

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| ICD10 codes | Exclude cancer related diagnosis codes |
| OPCS codes | B31.2 B30.1 B30.8 B30.9 (coding overlaps with reconstruction) |

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| **Policy statement:** | **Female Sterilisation** |
| **Status:** | **Not Routinely Funded** |

MECCG does not routinely fund female sterilisation.

This service/procedure has been assessed as a **Low Clinical Priority** by MECCG and will not be funded unless there are **exceptional clinical circumstances**.

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

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| ICD10 codes |  |
| OPCS codes | Q27\*, Q28\* |

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| **Policy statement:** | **Vasectomies** |
| **Status:** | **Not Routinely Funded** |

MECCG does not routinely fund vasectomies.

This service/procedure has been assessed as a **Low Clinical Priority** by MECCG and will not be funded unless there are **exceptional clinical circumstances.**

Patients not meeting the above criteria will not be funded unless there are **clinically exceptional circumstances.**

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs’ website.

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| ICD10 codes |  |
| OPCS codes | N17.1 |