Basildon & Brentwood SRP – Appendix

(JC FP001 v1.1 May 2019)

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](#BariatricSurgery)

[Breast Asymmetry](#BreastAsymmetry)

[Breast Reduction](#BreastReduction) (Criteria change from v1.0)

[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/ICSI/IUI for infertility for new referrals (gamete preservation only)** |
| **Status:** | **Individual Prior Approval** for individual prior approval form [click here](#priorapprovalform) |

The CCG does not commission specialist assisted conception services IVF, ICSI and IUI for new referrals as of 1 December 2016. A new referral is one made to specialist fertility services on or after 1 December 2016.

The CCG will continue to commission non-specialist investigations and interventions that can be offered by local District General Hospitals as part of a broader gynaecological service. In addition, the CCG will commission gamete preservation for people undergoing medically necessary treatments likely to affect their fertility in the following circumstances:

Please note that gamete preservation does not entitle individuals to subsequent assisted conception treatment e.g. IVF.

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| Treatment / Procedure | Criteria |
| Oocyte harvesting and storage for patients undergoing medically necessary treatments likely to affect their fertility | The CCG will fund the harvesting and storage of oocytes that for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions using the following criteria.  The CCG will fund the harvesting of oocytes up to the day before the patient’s 43rd birthday.  The CCG will fund the storage:   * until the age of 25 if harvested before her 20th birthday * for 5 years if harvested between her 20th and 38th birthday * until her 43rd birthday if harvested after the age of 38   If the patient dies whilst their oocytes are in storage the CCG will no longer fund the storage 3 months from the person dying.  Patients can choose to fund storage themselves beyond the NHS funded period.  Any further costs e.g. for the use of oocytes in fertility treatment or transport to another clinic etc would need to be met by the patient. |
| Sperm collection and storage for patients undergoing medically necessary treatments likely to affect their fertility | The CCG will fund the collecting and storage of sperm that for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions using the following criteria.  The CCG will fund the collecting of sperm up to the day before the patient’s 43rd birthday.  The CCG will fund storage of sperm that have been frozen already for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions.  The CCG will fund the storage:   * until the age of 25 if harvested before his 20th birthday * for 5 years if harvested between his 20th and 38th birthday * until his 43rd birthday if harvested after the age of 38   If the patient dies whilst their sperm are in storage the CCG will no longer fund the storage commencing 3 months from the person dying.  Patients can choose to fund storage themselves beyond the NHS funded period.  Any further costs e.g. for the use of oocytes in fertility treatment or transport to another clinic etc would need to be met by the patient. |

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| **Policy statement:** | **Assisted conception using IVF/ICSI/IUI for infertility for existing referrals** |
| **Status:** | **Threshold** |

A person undergoing existing treatment is defined as someone for whom a referral to specialist fertility services was made on or before 30 November 2016.  
Implementation date: 1 December 2016

NICE defines a full cycle of IVF as one in which one or two embryos produced from eggs collected after ovarian stimulation are replaced into the womb as fresh embryos (where possible), with any remaining good quality embryos frozen for use later. When these frozen embryos are used later, this is still considered to be part of the same cycle.

The CCG defines a cycle as a maximum of one fresh and one frozen transfer.

If at any stage during the process a successful pregnancy occurs (even if it occurs naturally) any subsequent specialist fertility treatment will not be funded.

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| Treatment / Procedure | Criteria from 1 December 2016 |
| In Vitro Fertilisation (IVF) with or without Intracytoplasmic Sperm Injection (ICSI) | A full cycle of IVF treatment, with or without intracytoplasmic sperm injection (ICSI), will comprise one episode of ovarian stimulation and the transfer of resultant fresh and frozen embryo(s) to a maximum of one fresh and one frozen transfer.  This will include the storage of any frozen embryos for 1 year following egg collection. Patients should be advised at the start of treatment that this is the level of service available on the NHS and following this period continued storage will need to be funded by themselves or allowed to perish.  Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.  **First cycle**  Individuals who have been referred to a specialist provider (on or before 30th November 2016) or who are receiving treatment from a specialist provider will be funded for intrauterine insemination (IUI) and for one cycle of IVF with a maximum of one fresh and one frozen transfer\* but will not go on to subsequent IVF cycles and no further embryo transfers will be funded.  **Second cycle**  Individuals receiving active treatment for a second cycle on 1 January 2017 i.e. taking medication this second cycle will be funded to a maximum of one fresh and one frozen transfer\*. The individuals will not go on to a third cycle and no further embryo transfers will be funded.  **Third cycle**  Individuals receiving active treatment for a third cycle on 1 January 2017 i.e. taking medication this third cycle will be funded to a maximum of one fresh and one frozen transfer\*. No further embryo transfers will be funded. No further cycles will be funded.  The CCG Board decided that it will fund a cycle defined as a maximum of one fresh and one transfer. However, if an individual is receiving active treatment i.e. taking medication in preparation for the transfer of a second or subsequent frozen embryo on 1 January 2017 this transfer for which the individual is receiving active treatment will be completed. No further transfers or cycles will be funded.  For anyone who has frozen embryos stored which under previous arrangements would have been eligible for NHS funded services then any frozen embryos will be stored for 1 year from 1 December 2016 (where they haven’t been advised of the 1 year storage limit under earlier arrangements).  Any further costs e.g. for the use of embryos / gametes in fertility treatment or transport to another clinic etc would need to be met by the patient.  Patients can choose to fund embryo storage themselves beyond the NHS funded period. |
| Frozen Embryo Transfer | For those who have previously had CCG funding and have embryos in storage frozen embryo transfer will only be funded as part of the current cycle\*.  Where more embryos are frozen than can be used for the proposed cycle/s patients can choose to fund storage themselves.  \*For cycle definition and timeframe please refer to section on IVF. |
| Embryo/Blastocyst Freezing and Storage | For those who have previously had CCG funding and embryos have previously been stored the freezing and storage will be funded for up to one year from the date of egg collection.  Patients can choose to fund embryo / blastocyst storage themselves beyond the NHS funded period.  Any further costs e.g. for the use of embryos / blastocysts in fertility treatment or transport to another clinic etc would need to be met by the patient. |
| Surgical Sperm Recovery - Testicular Epididymal Sperm Aspiration (TESA) / Percutaneous Sperm Aspiration (PESA) including storage where required | Where this is part of a current cycle the CCG:   * will fund this for the current cycle only. * will not fund storage beyond the current cycle.   Patients can choose to fund sperm storage themselves beyond the NHS funded period.  For cycle definition and timeframe please refer to section on IVF and IUI cycle  Any further costs e.g. for the use of sperm in fertility treatment or transport to another clinic etc would need to be met by the patient. |
| Intrauterine Insemination (IUI) - unstimulated | Unstimulated intrauterine insemination (usually self funded) may be as a treatment option in the following groups as an alternative to vaginal sexual intercourse:   * people who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem who are using partner or donor sperm * people with conditions that require specific consideration in relation to methods of conception (for example, after sperm washing where the man is HIV positive) * people in same-sex relationships   IUI for eligible individuals will be funded in line with NICE. |
| Donor Oocyte Cycle | The patient may be able to provide an egg donor; alternatively the patient can be placed on the waiting list, until an altruistic donor becomes available. If either of the couple exceeds the age criteria prior to a donor egg becoming available, they will no longer be eligible for treatment.  This will be available to women who have undergone premature ovarian failure (amenorrhoea >6 months and a raised FSH >25) due to an identifiable pathological or iatrogenic cause before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.  Where this is part of a current cycle\* the patient is able to complete the current donor oocyte cycle of up to a maximum of 2 transfers.  Storage of donor oocytes will not be funded beyond the current cycle.  \*For cycle definition and timeframe please refer to section on IVF.  Patients can choose to fund oocyte / embryo / blastocyst storage themselves.  Any further costs e.g. for the use of oocytes in fertility treatment or transport to another clinic etc would need to be met by the patient. |
| Donor Sperm Insemination | The use of donor insemination is considered effective in managing fertility problems associated with the following conditions:   * obstructive azoospermia * non-obstructive azoospermia * severe deficits in semen quality in couples who do not wish to undergo ICSI. * Infectious disease of the male partner (such as HIV) * Severe rhesus isoimmunisation * Where there is a high risk of transmitting a genetic disorder to the offspring   Donor insemination is funded up to a maximum of 6 cycles of Intrauterine Insemination (IUI) where the criteria for assisted fertility is met.  Where this is part of a current cycle the patient is able to complete the current cycle\* using donor sperm up to a maximum of 2 transfers.  Storage of donor sperm will not be funded beyond the current cycle.  Patients can choose to fund sperm storage themselves beyond the NHS funded period.  Any further costs e.g. for the use of sperm in fertility treatment or transport to another clinic etc would need to be met by the patient.  \*For cycle definition and timeframe please refer to section above on IVF and IUI. |
| Egg storage for patients undergoing medically necessary treatments likely to affect their fertility | The CCG will fund storage of eggs that have been frozen already for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions.  The CCG will fund the storage:   * until the age of 25 if harvested before her 20th birthday * for 5 years if harvested between her 20th and 38th birthday * until her 43rd birthday if harvested after the age of 38   Patients can choose to fund storage themselves beyond the NHS funded period.  Anyone wishing to use stored gametes would need to meet the criteria for fertility treatment.  Any further costs e.g. for the use of oocytes in fertility treatment or transport to another clinic etc would need to be met by the patient.  If the patient dies whilst their eggs are in storage the CCG will no longer fund the storage 3 months from the person dying.  If the person is already deceased the 3 months commences on 1 December 2016. |
| Sperm storage for patients undergoing medically necessary treatments likely to affect their fertility | The CCG will fund storage of sperm that have been frozen already for those undergoing treatment for cancer and other medical conditions that affect their reproductive functions.  The CCG will fund the storage:   * until the age of 25 if harvested before his 20th birthday * for 5 years if harvested between his 20th and 38th birthday * until his 43rd birthday if harvested after the age of 38   Patients can choose to fund storage themselves beyond the NHS funded period.  Any further costs e.g. for the use of sperm in fertility treatment or transport to another clinic etc would need to be met by the patient.  If the patient dies whilst their sperm are in storage the CCG will no longer fund the storage 3 months from the person dying.  If the person is already deceased the 3 months commences on 1 December 2016. |

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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| **Policy statement:** | **Bariatric Surgery** |
| **Status:** | **Individual Prior Approval –** for individual prior approval form [click here](#BenignSkinLesionForm) |

The CCG does not routinely fund bariatric surgery

Surgery should only be considered as a treatment option for people with morbid obesity providing all of the following criteria are fulfilled:

* The individual is considered morbidly obese\*

\*For the purpose of this guidance and in accordance with previous and current NICE Guidance, obesity surgery will be offered to adults with a BMI of 40kg/m2 or more, or between 35 kg/m2 and 40kg/m2 or greater in the presence of other significant diseases. However, NICE have recently updated their guidance on obesity surgery (NICE CG189). This expands the above criteria - to the consideration of newly diagnosed diabetics ( 30 to < 35, for assessment of obesity surgery. Moreover, patients with newly diagnosed diabetes within the former group (≥35) should be expedited for consideration of obesity surgery. All groups will have been treated in a Tier 3 specialist weight management service. NICE guidance also includes consideration of assessment of newly diagnosed Asian diabetes patients at BMI levels2.5 kg/m2 less.

* There must be formalised MDT led processes for the screening of comorbidities and the detection of other significant diseases.

These should include:

* Disease / condition / Risk factor identification, diagnosis, severity / complexity assessment, risk stratification/scoring and appropriate specialist referral for specialist medical management. Such medical evaluation and optimization is mandatory prior to entering a surgical pathway.
* The individual has recently received and complied with a local specialist weight management programme (non-surgical Tier 3 mostly and Tier 4 in some urgent or complex cases) described as follows:
  + This will have been for a duration considered appropriate by the MDT (previous requirement was for 12-24 months). For patients with BMI > 50 attending a specialist obesity service, this period should include the stabilisation and assessment period prior to obesity surgery (previous requirement was a minimum of 6 months). Patients with new onset type 2 diabetes may have their surgical assessment concurrently with the medical tier 3 service.

If there are exceptional clinical circumstances in which the patient does not meet the above criteria then funding would need to be sought via Individual Funding Request (IFR).

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

**Breast Asymmetry**

Procedures to correct 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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| **Policy statement:** | **Breast Reduction** |
| **Status:** | [**Individual Prior Approval**](#BoneMorphogenicProteinForm) |

**Breast Reduction**

Breast reduction surgery is regarded as a procedure of a low clinical priority. Cosmetic breast surgery (surgery undertaken exclusively to improve appearance) is **not** provided to correct natural changes such as those associated with pregnancy or ageing. This procedure is therefore **not** routinely funded by the CCGs. Breast reduction surgery is an effective intervention that should be funded if **one** of the following sets of criteria is met:

* 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**

* Full evidence is provided of all conservative management options that have been attempted,

**and**

* The patient has a BMI < 25 and evidence that the weight has been stable for 2 years,

**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**

* **At least 500g** is planned tobe removed from each breast.

Patients who have predictable breast changes due to pregnancy are excluded.

* Patients should have an initial assessment by the referrer prior to an appointment with a consultant plastic surgeon to ensure that these criteria are met.
* Assessment of the thorax should be performed, including relevant diagnostics.
* Patients must be provided with written information to allow the balance of the risks and benefits of breast surgery.
* Patients should be informed that smoking increases complications following breast reduction surgery and should be advised to stop smoking.
* Women should be informed that breast surgery for hypermastia can cause permanent loss of lactation.

Resection weights for bilateral or unilateral breast reduction should be recorded for audit purposes.

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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| **Policy statement:** | **Female Sterilisation** |
| **Status:** | **Threshold** |

Criteria:

* The woman is certain that her family is complete or that she never wants children in the future and is she aware that the procedure is permanent but has a failure rate, has information on the success rate for reversal and that reversal is not routinely funded on the NHS

**OR**

* The woman has an absolute clinical contraindication to LARC or has severe side effects to the use of LARC or declines a trial of LARC after counseling from a healthcare professional experienced in fitting these devices

**AND**

* The woman has mental capacity

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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| **Policy statement:** | | **Vasectomies – conventional and no-scapel** |
| **Status:** | **Threshold** | |

South Essex CCGs commission vasectomies under general anaesthetic on a restricted basis.

This policy is for circumstances when vasectomy should be performed *under general anaesthetic.* In other cases a referral should be made to a Primary Care Provider.

Only in the following circumstances will a vasectomy under general anaesthetic be funded;

* Previous documented adverse reaction to local anaesthesia.

**OR**

* 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.