Thurrock 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 – Updated 1.0 December 2020

[Bariatric Surgery](#BariatricSurgery)

[Breast Asymmetry (Criteria change from v1.0)](#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/ICS/IUI for infertility](#Index)** |
| **Status:** | **Individual Prior Approval** |

**Thurrock CCG** commission assisted conception services in line with the embedded document below: -

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Below are the key points of the document:

* All couples must be registered with a General Practitioner within the boundaries of the CCG and be eligible for NHS treatment. The couple with the identified fertility problem must be registered with a Thurrock CCG GP practice and live within Thurrock council boundary that or, if unregistered, their usual place of residence is within the Thurrock CCG boundary. The period of residence in Thurrock CCG/Council boundaries must be a minimum of 12 months.
* Couples should be living together
* The partner who is to receive treatment must be aged between 23 and 39 years old (up to 39 years and 364 days) at the time of treatment
* 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.
* 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.
* Eligible Couples will be offered: 3 cycles of IUI, and/or 2 full cycles of IVF+/-ICSI (CCG definition of a full cycle).

**Pre-implantation Genetic Diagnosis (PGD)**

This policy does not include pre-implantation genetic screening as it is not considered to be within the scope of fertility treatment. This service is the commissioning responsibility of NHS England.

**Patient Information:**

Infertility Network- <http://www.infertilitynetworkuk.com/>

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:** | **Threshold** |

Patients will only be considered for surgery if the patient fulfils the criteria for treatment as per NHS England’s Clinical Commissioning Policy: Complex & Specialised Obesity Surgery,

<https://www.england.nhs.uk/wp-content/uploads/2016/05/appndx-9-serv-spec-ccg-guid.pdf>

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:** | | **Tier Three Weight Management** |
| **Status:** | **Threshold** | |

Thurrock CCG commissions Tier Three Weight Management on a restricted basis in line with the NHS England criteria for Bariatric Surgery (see policy for bariatric surgery) as below:

* Patients aged 17 years or over.
* Registered with a Practice within Thurrock, or if unregistered, residing in Thurrock.
* Morbid or severe obesity has been present for at least four years.
* Record of previous success/attempts to lose weight during last 12 months.
* Meeting the following criteria:
  + a BMI of ≥ 35 kg/m2 and type 2 diabetes

- This recommendation may be reduced by 2.5 kg/m2 of BMI in Asians

- In exceptional circumstances a patient with BMI < 35 kg/m2 may be referred

* + a BMI of 40 or ≥ 35 kg/m2 and obesity-related comorbidity eg metabolic syndrome, hypertension, obstructive sleep apnoea (OSA), functional disability, infertility and depression if specialist advice is needed regarding overall patient management.
  + Willingness to commit to changing their behaviours.

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:** | **Individual Prior Approval** |

***Breast Asymmetry***

Funding will only be considered if there is gross disparity of breast cup sizes i.e. asymmetry where there is at least 2 cup size difference in breast size on initial consultation with the patient’s GP.

The goal of surgery is to correct a significant deformity which is causing an impact on health.

Procedures for cosmetic purposes only will not be funded. Contour irregularities and moderate asymmetry (including dog-ears, nipple direction or position, breast size and shape disparity) are predictable following surgery. Any post-surgical cosmetic irregularities will **not** be funded by the CCGs in revision surgery.

Patients are eligible for surgery to correct breast asymmetry if **all** the following criteria are met and confirmed by a consultant plastic surgeon:

* 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**

* There is a difference of at least 2 cup sizes (e.g. C and DD cup size differential).

**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**

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

**and**

* Patient aged ≥ 18 years old 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.

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** |

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:** | **No service restriction policy in place- commissioned.** |

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| **Policy statement:** | | **Vasectomies – General anaesthetic** |
| **Status:** | **Threshold** | |

Thurrock CCGs commissions 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.

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.