Service harmonisation: questions and answers about more equitable access to six local NHS services

# Table of contents

[1. What does service harmonisation mean for people living in mid and south Essex? 2](#_Toc130306731)

[2. Which six NHS services have been harmonised? 2](#_Toc130306732)

[3. Where can I read the new policies? 2](#_Toc130306733)

[4. From what date can my GP refer me into one of the six services under the harmonised policy? 2](#_Toc130306734)

[5. Will my GP know about the harmonised services if I want to be referred into one of them for treatment? 3](#_Toc130306735)

[6. Are there any forms to fill in if I want a referral under one of the new policies? 3](#_Toc130306736)

[7. What happens to people already receiving one of the six services under the old CCG policies? 3](#_Toc130306737)

[8. What has changed for residents of Basildon and Brentwood Boroughs? 3](#_Toc130306738)

[9. What has changed for residents of Braintree District, City of Chelmsford and Maldon District (known collectively as mid Essex)? 4](#_Toc130306745)

[10. What has changed for Castle Point Borough and Rochford District residents? 6](#_Toc130306752)

[11. What has changed for residents of the City of Southend-on-Sea? 7](#_Toc130306759)

[12. What has changed for residents of Thurrock? 9](#_Toc130306766)

[13. The harmonised policy refers to cycles of IVF – what does a “cycle” actually mean? 10](#_Toc130306773)

[14. Do abandoned or cancelled IVF cycles count against the total permitted under the new policy? 10](#_Toc130306774)

[15. Does private IVF count against the number of cycles I can request under the new policy? 11](#_Toc130306775)

[16. If I am eligible for IVF, can I choose the provider? 11](#_Toc130306776)

[17. What is the process for seeking IVF on the NHS? 11](#_Toc130306777)

[18. Did the public have a say in what the harmonised service policies would be? 11](#_Toc130306778)

[19. What changed as a result of public feedback? 12](#_Toc130306779)

[20. Will further questions appear on this document? 12](#_Toc130306780)

## What does service harmonisation mean for people living in mid and south Essex?

The [Health Act 2022](https://nhsproviders.org/topics/governance/health-and-care-act-2022#:~:text=The%20Health%20and%20Care%20Act,and%20tackling%20growing%20health%20inequalities.) created 44 new NHS organisations across England called integrated care boards. NHS Mid and South Essex is one of these organisations and replaces five clinical commissioning groups (CCGs).

All integrated care boards have a duty to end local health service variations caused by differences in CCG policies. Most policies inherited by NHS Mid and South Essex matched fairly well, but six varied significantly across its 1.2 million population.

These policies had to be changed to make sure all residents get fair access to NHS services. The process was called service harmonisation and took place between July 2022 (when integrated care boards began work) and February 2023.

NHS Mid and South Essex’s Board agreed harmonised policies shaped by feedback from residents and clinical experts at a [meeting held in public](https://www.midandsouthessex.ics.nhs.uk/publications/nhs-mid-and-south-essex-integrated-care-board-meeting-papers-9-february-2023/) on 9 February 2023.

## Which six NHS services have been harmonised?

* **Bariatric surgery** (sometimes called “Tier 4 weight loss” or “gastric bands”);
* **Breast asymmetry** (uneven breasts) correction where clinically necessary;
* **Breast reduction** where clinically necessary;
* **Female sterilisation**;
* **Male sterilisation** (vasectomy);
* **Specialist fertility services** including in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI).

## Where can I read the new policies?

The new policy for each of the six services will be published on the NHS Mid and South Essex website before it comes into effect on 1 April 2023.

The recommendations agreed by the Board of NHS Mid and South Essex were already published on the same website as part of the [papers for the Board’s extraordinary meeting](https://www.midandsouthessex.ics.nhs.uk/publications/nhs-mid-and-south-essex-integrated-care-board-meeting-papers-9-february-2023/) in public on 9 February 2023.

## From what date can my GP refer me into one of the six services under the harmonised policy?

The harmonised policy comes into effect on **1 April 2023**. Until that date, referrals continue to be made under the previous policies that existed when NHS Mid and South Essex was founded on 1 July 2022.

## Will my GP know about the harmonised services if I want to be referred into one of them for treatment?

Yes. Your GP practice is being notified of the change before the policies’ start date of 1 April 2023. Each practice will then communicate the change to all its clinicians and staff who need to be aware of it.

## Are there any forms to fill in if I want a referral under one of the new policies?

Some of the new policies state “**group prior approval**” is needed to access a service. This means your GP can assess whether you meet the requirements of the policy without needing any additional input from you.

Other services require “**individual prior approval**”, which means your personal health and circumstances must be assessed by NHS Mid and South Essex. This assessment will determine whether you meet the requirements for referral under the new policy.

## What happens to people already receiving one of the six services under the old CCG policies?

Everyone who was a patient under one or more of the six harmonised services before 1 April 2023 will still be able to access those services.

## What has changed for residents of Basildon and Brentwood Boroughs?

Access was limited by the former Basildon and Brentwood CCG to several of the six services. Residents of the two boroughs seeking to access the six services from 1 April 2023 will be affected as follows:

### Bariatric (weight loss) surgery

Eligibility under the harmonised policy aligns with the previous policy covering Basildon and Brentwood residents. However, they may still have **improved access** to bariatric surgery because individual prior approval (see question 5) was previously needed. This is no longer the case.

Basildon and Brentwood residents will therefore be eligible if they have **either** a body mass index (BMI) of at least 40 **or** a BMI of between 35 and 40 plus significant long-term health conditions (such as type 2 diabetes or high blood pressure) that could be improved through weight loss.

### Breast asymmetry (uneven breasts) correction

People living in Basildon and Brentwood were not previously able to access uneven breast correction unless there were clinically exceptional circumstances. **They gain access** to it under the harmonised policy if they meet the eligibility criteria.

### Breast reduction

There will be **reduced availability from 1 April 2023** under the new policy. From that date, patients must require the removal of at least 1kg of breast material. This did not affect eligibility under the previous policy.

### Female sterilisation

There will be **reduced availability from 1 April 2023** for this service under the new policy. From that date, patients must have a body mass index (BMI) of less than 35 and discuss the possibility of vasectomy for their partner during counselling before the surgery.

The new policy does offer greater clarity on support for people with impaired capacity to make decisions about their own healthcare.

### Male sterilisation (vasectomy)

Residents across mid and south Essex will have **improved access** to this service because of the additional provision for vasectomy under local anaesthetic without prior approval.

### Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI)

Basildon and Brentwood residents were not previously able to access specialist fertility services unless there were clinically exceptional circumstances. **They gain access** to IVF plus egg and sperm donation in the harmonised policy

NHS IUI services remain unavailable, in line with the new policy for all mid and south Essex residents.

## What has changed for residents of Braintree District, City of Chelmsford and Maldon District (known collectively as mid Essex)?

### Bariatric (weight loss) surgery

People living in mid Essex will have **improved access** to this service. The previous policy required evidence of long-term health conditions resulting from obesity for at least five years before patients would be eligible for bariatric surgery.

Under the harmonised policy, patients can access this service if they have **either** a body mass index (BMI) of at least 40 **or** a BMI of between 35 and 40 plus significant long-term health conditions that could be improved through weight loss, such as type 2 diabetes or high blood pressure.

No evidence is required that these conditions have been present for a certain length of time.

### Breast asymmetry (uneven breasts) correction

People in mid Essex were not previously able to access uneven breast correction unless there were clinically exceptional circumstances. **They gain access** to it under the harmonised policy if they meet the eligibility criteria.

### Breast reduction

People in mid Essex were not previously able to access breast reduction unless there were clinically exceptional circumstances. **They gain access** to it under the harmonised policy if they meet the eligibility criteria.

### Female sterilisation

Mid Essex residents could not previously access female sterilisation unless there were clinically exceptional circumstances. **They gain access** to it under the harmonised policy if they meet the eligibility criteria.

The new policy also offers greater clarity on support for people with impaired capacity to make decisions about their own healthcare.

### Male sterilisation (vasectomy)

People in mid Essex were not previously able to access vasectomy unless there were clinically exceptional circumstances. **They gain access** to it under the harmonised policy – without prior approval under local anaesthetic and under general anaesthetic if eligible.

### Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI)

Mid Essex residents were not previously able to access specialist fertility services unless there were clinically exceptional circumstances. **They gain access** to IVF plus egg and sperm donation in the harmonised policy

NHS IUI services remain unavailable, in line with the new policy for all mid and south Essex residents.

## What has changed for Castle Point Borough and Rochford District residents?

### Bariatric (weight loss) surgery

There will be little effect for Castle Point and Rochford residents into this service as the new criteria closely align with the previous policy covering them. The change brings services for people in other areas of mid and south Essex to the level that people living in Castle Point and Rochford already had.

Specifically, people will be eligible for bariatric surgery if they have **either** a body mass index (BMI) of at least 40 **or** a BMI of between 35 and 40 plus significant long-term health conditions (such as type 2 diabetes or high blood pressure) that could be improved through weight loss.

### Breast asymmetry (uneven breasts) correction

People living in Castle Point and Rochford will have **improved access** to this service, because the previous policy required patients to have a body mass index (BMI) of less than 25. That is no longer a requirement for referral.

Other criteria – a difference of at least two bra cup sizes between breasts **or** at least a year of serious functional impairment **and** attempts at conservative management options already made – remain.

### Breast reduction

Some criteria for accessing this service have improved for Castle Point and Rochford residents, while others have restricted it. Specifically, the minimum amount of breast tissue to be removed has increased from 500g to at least 1kg, so patients with less to remove might not be referred.

**However**, the body mass index (BMI) limit for the surgery in the new policy is lowered from 27 to 25 (with weight stable for only one year rather than two), offering access to women with a BMI of between 25 and 27.

### Female sterilisation

As Castle Point and Rochford residents currently have unrestricted access to NHS female sterilisation services, there will be **reduced availability from 1 April 2023** under the new policy. From that date, patients must have a body mass index (BMI) of less than 35 and discuss the possibility of vasectomy for their partner during counselling before the surgery.

The new policy also offers greater clarity on support for people with impaired capacity to make decisions about their own healthcare.

### Male sterilisation (vasectomy)

Residents across mid and south Essex will have **improved access** to this service because of the additional provision for vasectomy under local anaesthetic without prior approval.

### Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI)

Castle Point and Rochford residents will have **improved access** to IVF as couples need to show only two years of unexplained infertility (taking age and waiting lists into consideration) rather than the three years under the previous policy. If the couple is aged 40–42, the minimum period unexplained of infertility is only one year.

If same-sex couples can show that six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under the harmonised policy same-sex couples will now be eligible for the same number of cycles as heterosexual couples.

NHS IUI services remain unavailable, in line with the new policy for all mid and south Essex residents.

## What has changed for residents of the City of Southend-on-Sea?

### Bariatric (weight loss) surgery

There will be little effect for Southend residents into this service as the new criteria closely align with the previous policy covering them. The change brings services for people in other areas of mid and south Essex to the level that people living in Southend already had.

Specifically, people will be eligible for bariatric surgery if they have **either** a body mass index (BMI) of at least 40 **or** a BMI of between 35 and 40 plus significant long-term health conditions (such as type 2 diabetes or high blood pressure) that could be improved through weight loss.

### Breast asymmetry (uneven breasts) correction

People living in Southend will have **improved access** to this service, because the previous policy required patients to have a body mass index (BMI) of less than 25. That is no longer a requirement for referral.

Other criteria – a difference of at least two bra cup sizes between breasts **or** at least a year of serious functional impairment **and** attempts at conservative management options already made – remain.

### Breast reduction

Some criteria for accessing this service have improved access for Southend residents, others have restricted it. Specifically, the minimum amount of breast tissue to be removed has increased from 500g to at least 1kg, so patients with less to remove might not be referred.

**However**, the body mass index (BMI) limit for the surgery in the new policy is lowered from 27 to 25 (with weight stable for only one year rather than two), offering access to women with a BMI of between 25 and 27.

### Female sterilisation

As Southend residents currently have unrestricted access to NHS female sterilisation services, there will be **reduced availability from 1 April 2023** under the new policy. From that date, patients must have a body mass index (BMI) of less than 35 and discuss the possibility of vasectomy for their partner during counselling before the surgery.

The new policy also offers greater clarity on support for people with impaired capacity to make decisions about their own healthcare.

### Male sterilisation (vasectomy)

Residents across mid and south Essex will have **improved access** to this service because of the additional provision for vasectomy under local anaesthetic without prior approval.

### Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI)

Southend residents will have **improved access** to IVF as couples need to show **two years** of unexplained infertility (taking waiting lists and age into consideration) rather than three years under the previous policy. Patients aged 40–42 need to show only one year of unexplained infertility.

Same-sex couples’ access to IVF is also improved as six unsuccessful cycles of privately funded IUI will be sufficient to demonstrate infertility.

Regarding egg donation, one batch (usually six) donor eggs can be provided – an increase of one compared to the previous policy. There is no change to current single batch of sperm donation permitted.

Please note, NHS access to IUI will **no longer be available** in mid and south Essex, removing access for Southend residents.

## What has changed for residents of Thurrock?

### Bariatric (weight loss) surgery

There will be little effect for Thurrock residents into this service as the new criteria closely align with the previous policy covering them. The change brings services for people in other areas of mid and south Essex to the level that people living in Thurrock already had.

Specifically, people will be eligible for bariatric surgery if they have **either** a body mass index (BMI) of at least 40 **or** a BMI of between 35 and 40 plus significant long-term health conditions (such as type 2 diabetes or high blood pressure) that could be improved through weight loss.

### Breast asymmetry (uneven breasts) correction

There is one notable change from the previous policy for Thurrock residents: the patient having corrective surgery must be a non-smoker.

Other criteria – a difference of at least two bra cup sizes between breasts **or** at least a year of serious functional impairment **and** attempts at conservative management options already made – remain.

### Breast reduction

Some criteria for accessing this service have improved access for Thurrock residents, while others have restricted it.

Specifically, the minimum amount of breast tissue removal has increased from 500g to at least 1kg, so some patients with less tissue to remove might not be referred. The patient must also be a non-smoker.

**However**, the body mass index (BMI) limit for the surgery in the new policy is lowered from 27 to 25 (with weight stable for only one year rather than two), offering access to women with a BMI of between 25 and 27.

### Female sterilisation

There will be **reduced availability from 1 April 2023** under the new policy. From that date, patients must have a body mass index (BMI) of less than 35 and discuss the possibility of vasectomy for their partner during counselling before the surgery.

The new policy also offers greater clarity on support for people with impaired capacity to make decisions about their own healthcare.

### Male sterilisation (vasectomy)

Residents across mid and south Essex will have **improved access** to this service because of the additional provision for vasectomy under local anaesthetic without prior approval.

### Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI)

Thurrock residents will have **improved access** to IVF as couples aged 40–42 can now request the service. Same-sex couples’ access to IVF is also widened as six unsuccessful cycles of privately funded IUI will be sufficient to demonstrate infertility.

Regarding egg donation, one batch (usually six) donor eggs can be provided – an increase of one compared to the previous policy. There is no change to current single batch of sperm donation permitted.

Please note, NHS access to IUI will **no longer be available** in mid and south Essex, removing access for heterosexual couples in Thurrock.

## The harmonised policy refers to cycles of IVF – what does a “cycle” actually mean?

National guidelines allow NHS Mid and South Essex and other integrated care boards to define a “cycle of IVF” according to their areas’ needs. Under the harmonised policy for our area, IVF involves four basic steps: ovarian stimulation, egg collection, insemination and finally embryo transfer.

The new policy states all stored, viable embryos from an IVF treatment cycle (including embryos from earlier self-funded cycles) must be used before a new IVF treatment cycle (stimulation/egg collection/insemination) can start. In Mid and South Essex, one or two cycles (depending on patient age) are offered under the NHS.

Women and people assigned female at birth aged 23–39 can receive a maximum of four embryo transfers (fresh and frozen) obtained from a maximum of two IVF cycles. Women aged 40–42 can have up to two embryo transfers (fresh and frozen) obtained from a single IVF cycle.

## Do abandoned or cancelled IVF cycles count against the total permitted under the new policy?

Yes. A cycle can be “abandoned” or “cancelled” where there is a failure of egg retrieval from the ovaries, fertilisation failure, or failure of cells to divide after fertilisation. These count as a cycle even if the embryo is never transferred to the patient.

## Does private IVF count against the number of cycles I can request under the new policy?

Yes. If a patient has already privately funded the maximum number of cycles they would be permitted under the harmonised policy, they will not be eligible for the service under the NHS in mid and south Essex.

Patients aged 23–39 at the time of referral who have had just one cycle of private IVF can still receive one further cycle (with up to two fresh and frozen embryo transfers) under the harmonised policy.

## If I am eligible for IVF, can I choose the provider?

As part of the Board decision about in-vitro fertilisation (IVF) and other specialist fertility services, several external providers were listed. People who are eligible for IVF can **select a provider from this list** though we anticipate most people choosing the fertility centre nearest where they live.

Other providers not named in the service harmonisation documents are unlikely to offer NHS services to mid and south Essex residents.

## What is the process for seeking IVF on the NHS?

Each individual patient must see their GP in the first instance if they experience fertility problems to discuss their concerns and options. If appropriate, the GP will then refer the patient into secondary care for fertility investigations (for example within an NHS fertility clinic). Assessment for eligibility for IVF is done at that clinic.

All patients must be seen in the NHS fertility clinic for their baseline investigations and assessment, which would normally take three to four months. If appropriate, the fertility consultant will then send an application to NHS Mid and South Essex for a decision on funding, which would normally be processed within 3 working days.

In principle and subject to the specifics of the policy, women aged 23–39 would receive up to two cycles of IVF and women aged 40–42 would receive one cycle. If approved, waiting times to access the clinic providing the treatment would normally be six to eight weeks.

## Did the public have a say in what the harmonised service policies would be?

Yes. Following NHS guidelines for major service changes, NHS Mid and South Essex undertook a [formal public consultation](https://www.midandsouthessex.ics.nhs.uk/get-involved/consultations/service-harmonisation/) on the proposed policies between October and December 2022. The ICB asked people to share views on draft policies developed by the ICB’s medical directorate in discussion with affected groups during a pre-engagement period in August and September 2022.

There were 210 responses to an online survey, with one further response on paper, and 20 people participated in face-to-face consultation events. Relative to the 1.2m population these figures are small, but participation tends to be higher from people disagreeing with proposals and most participants supported these proposals.

Reactions to the special fertility services proposals were 78% positive, to bariatric surgery 74% positive, vasectomy 72% positive, and support for each of the other three service areas came from about 66% of people who responded. A full [independent analysis](https://www.midandsouthessex.ics.nhs.uk/publications/service-harmonisation-engagement-analysis-report/) of the consultation results is available online.

## What changed as a result of public feedback?

Changes were made to the proposed policy **or** a clearer explanation given for the reasons behind the part of the proposal on the topics listed below as a result of feedback gathered from the 2022 [public consultation](https://www.midandsouthessex.ics.nhs.uk/get-involved/consultations/service-harmonisation/).

* Use of body mass index (BMI) as a threshold criterion;
* The requirement for patient to be a non-smoker prior to procedure;
* Parity of counselling as criteria in male and female sterilisation;
* Gynaecomastia;
* Funding of intrauterine insemination (IUI, sometimes called “artificial insemination”).

These changes were made to the final service harmonisation policy before it went to the NHS Mid and South Essex Board for decision [on 9 February 2023](https://www.midandsouthessex.ics.nhs.uk/publications/nhs-mid-and-south-essex-integrated-care-board-meeting-papers-9-february-2023/).

## Will further questions appear on this document?

Any questions received by NHS Mid and South Essex in the coming months that could give people further information about the harmonised services will be added to this document. It was last updated on **17 March 2023**.