



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# Service Harmonisation

Bringing equity to services  
across mid and south Essex

Consultation document  
31st October to 19th December 2022

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# Who are we?

Mid and South Essex Integrated Care Board (ICB) was formed on 1st July 2022.

We are responsible for commissioning services which is the planning, organising, and buying NHS-funded healthcare for the 1.2 million people living across mid and south Essex.

We are committed to delivering local, high quality healthcare services while making sure we achieve the best value for money and equity of access for our growing population.

This includes hospital services, community health services, community pharmacies, mental health services and 149 general practices.

The four key purposes of integrated care boards as set out by NHS England are:

- 01** Improve outcomes in population health and healthcare
- 02** Tackle inequalities in outcomes, experience, and access
- 03** Enhance productivity and value for money
- 04** Help the NHS support broader social and economic development.

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purposes

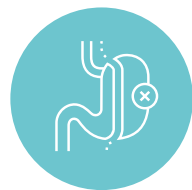
## What is this document about?

We want to harmonise policies for six clinical services that are only funded by the NHS in our area under certain circumstances.

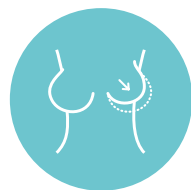
At the moment, the policies for these six services differ depending on where you live in our area. For example, people living in the commissioning areas of Basildon, Brentwood and

Mid Essex (Maldon, Chelmsford and Braintree council areas) can't access IVF services on the NHS, but people living in other areas of mid and south Essex can. We want to update these policies, so everyone living in mid and south Essex has the same access.

The policies we want to update cover:



**Weight loss surgery**  
(bariatric surgery)



**Correction for uneven breasts**  
(breast asymmetry)



**Breast reduction**



**Female Sterilisation**



**Vasectomy**  
(male sterilisation)



**Special Fertility Services including:**

- Intra-uterine insemination (IUI)
- In vitro fertilisation (IVF), with or without intra-cytoplasmic sperm injection (ICSI)
- Sperm and egg donation (sperm and oocyte donation)

This document describes our proposals for updating the policies, to help bring them into a new single policy for each of the six service areas, and gives you the opportunity to tell us what you think about them.

The current policies covering these areas can be found [www.midandsouthessex.ics.nhs.uk/publications/srp/](http://www.midandsouthessex.ics.nhs.uk/publications/srp/)

If you need printed copies of any of the current policies, please contact us. Our details can be found at the end of this document.

We believe this will support our ambition to end the variation that has existed up until now in accessing these services.

We want your feedback to help us make these important decisions that will affect how people gain access to these services in mid and south Essex in the future.

policies

## Who can receive these services?

All six of the service areas identified in our review are only funded by the NHS under certain circumstances, which can vary according to where you live.

Doctors will use the criteria in the policies to help decide if a patient would benefit from the procedure and is suitable to undergo the type of care needed.

Sometimes this criteria is based on a group of patients. This is known as **Group Prior Approval** (previously known as threshold approval). Procedures with group prior approval are provided for a specific group of people only, defined through a set of threshold criteria within the commissioning policy, which can be applied at the point of referral, for example, by a GP.

At other times these criteria are applied to an individual. This is known as **Individual Prior Approval**. Procedures are provided for a specific group of people only defined through a set of threshold criteria within the commissioning policy and which requires funding approval on

a patient-by-patient and, in some circumstances, on a treatment-by-treatment basis, before the treatment can be provided.

When procedures are **Not Funded** they have been assessed as Procedures of Limited Clinical Value in line with national guidance. These procedures will not be funded unless there are exceptional clinical circumstances. If someone wishes to have one of these procedures, this requires an application to be made using the **Individual Funding Request (IFR)** process, but funding will only be considered where the patient demonstrates clinical exceptionality. Requests may include patients with conditions for which there is no commissioning policy, including patients with rare conditions, and patients whose proposed treatment is outside agreed commissioning policies (exceptional clinical circumstances) or service agreements. Individual Funding Requests are considered by a panel.

In this document, we have set out the criteria we are proposing for each of the six service areas.

## How have we developed the proposals?

We looked at the latest clinical evidence and practice for all six service areas nationally and locally, and taken advice from doctors, nurses, and other professionals.

We have engaged with residents and stakeholders to understand what is important for people when we make these decisions. We reviewed the cost of providing these services and the potential consequences of harmonising, because we need to balance the cost of providing these services with the cost of all the other care provided by the NHS in our area.

Looking at our finances, we found:

- The current cost of providing these services is around £1 million.
- We estimate adopting the policies across mid and south Essex will result in an additional annual cost of around £1 - 1.1 million.
- The largest increase in demand would relate to fertility services.

The proposals we have set out mean a greater cost to the NHS as more people would have access to the services than under the current policies.

A key purpose of the ICB is to 'tackle inequalities in outcomes, experience and access'. The updates we are proposing would correct these inequalities, for example, IVF would now be available to eligible individuals across mid and south Essex.

We have assessed potential health inequalities for different groups within society and have surveyed those likely to be impacted including the LGBTQ+ community, working age residents as well as our own staff. In the draft Equality and Health Inequality Impact Assessments (EHIA) impact on groups of people will guide our engagement and discussions. For example, we will specifically target our engagement resources towards those with a mental health condition or a learning disability, the traveller community, (including Gypsies and Roma) and those from a deprived communities.

## What have we already heard?

To help understand people's views on the policies, we conducted an online survey of a representative sample of mid and south Essex residents for 21 days in August 2022. The results were independently analysed.

Two clear and consistent themes from residents were fairness and equity, ensuring that anyone in mid and south Essex should be able to access services.

Affordability for the NHS was also highlighted, as was the need to balance providing services to those on lower income or those with an inability to pay for access to these services.

When it comes to making decisions about access to services, people want there to be greater consideration of the emotional impact of these types of conditions. This was particularly the case for: infertility, dealing with larger and/or uneven breasts, and obesity.

## What are the proposals?

The National Institute for Health and Care Excellence (NICE) develops guidelines for health and care services in England. The guidelines are recommendations only and need to be considered within a local context when commissioning services.

In this section, we have set out our preferred options for each of the six service areas in mid and south Essex.

These proposals have taken into account the input of clinicians, and the views of local people, whilst ensuring equity and the affordability of the local NHS.

We did not propose keeping the current policies in place as an option as they do not provide fair and equal access for all residents in mid and south Essex.

We have grouped the information according to policy. For each service, we show the proposed policy, key points from the current policy, and the impact of the proposed policy.

The term 'threshold criteria' means what must be in place for patients to qualify for treatment.

# proposals





## Weight loss surgery (bariatric surgery)

### New policy Group Prior Approval

#### Recommended threshold criteria:

- ✓ The person has a body mass index (BMI) of 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant diseases (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 three service. (A tier three service is a weight management programme that supports adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes).
- ✓ The person is generally fit for anaesthesia and surgery.
- ✓ The person commits to the need for long-term follow-up.

### Mid Essex

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Patient has BMI is greater than 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 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.
- ✓ Cases for surgery to meet Complex and Surgery Obesity Surgery policy.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ The weight threshold increase could mean that less people in Mid Essex have access to surgery however;
- ✓ The removal of the five-year time requirement may result in more people having access overall.

- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.

### Basildon and Brentwood

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Surgery offered to adults with BMI of 40kg/m<sup>2</sup> or more.
- ✓ Surgery only considered for people with morbid obesity who also meet specific criteria.

#### Impact of proposed update:

- ✓ The change to group approval could mean patients in Basildon and Brentwood no longer need individual prior approval. This may mean that more people have access to the service.
- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant diseases (e.g. type 2 diabetes or high blood pressure that could be improved if they lost weight).

### Thurrock

#### Key points of the current policy:

- ✓ Group prior approval.
- ✓ Patients only considered if they meet NHS Complex and Specialised Obesity Surgery.

- ✓ Patients must meet criteria. Those not meeting criteria will only be funded in clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight).

### Castle Point and Rochford and Southend

#### Key points from the current policy:

- ✓ Group prior approval.
- ✓ Patients only considered if they meet NHS Complex and Specialised Obesity Surgery.
- ✓ If criteria are not met, surgery is only carried out in clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients in all areas could have the same BMI threshold - 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant diseases (e.g. type 2 diabetes or high blood pressure) that could be improved if they lost weight.



## Correction for uneven breasts (breast asymmetry)

### New policy Service provision via Individual Prior Approval

#### Recommended threshold criteria:

The goal of surgery is to correct a significant deformity that is causing an impact on health. Patients will be eligible if all the following are confirmed:

- ✓ Clinical evidence rules out any other medical/physical problems to cause these symptoms; and the wearing of a professionally fitted bra has not relieved the symptoms, and
- ✓ There is a difference of at least two 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 one year and has reached the end of puberty (referral should be delayed if the end of puberty has not been reached), and
- ✓ Only unilateral breast reduction (not unilateral breast augmentation) will be funded, and
- ✓ This policy does not cover gynecomastia (when boys' and men's breasts swell and become larger than normal).

### Mid Essex

#### Key points of the current policy:

- ✓ This is currently not funded in Mid Essex.

#### Impact of proposed update:

- ✓ Patients in Mid Essex would be able to access this service if they meet the threshold criteria.

### Basildon and Brentwood

#### Key points of the current policy:

- ✓ This is not currently funded in Basildon and Brentwood.

#### Impact of proposed update:

- ✓ Patients in Basildon and Brentwood would be able access this service if they meet the threshold criteria.

### Thurrock

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Funding will only be considered if there is gross disparity of breast cup sizes on initial consultation with the patient's GP.
- ✓ Patients eligible for surgery if they meet all criteria and confirmed by a consultant plastic surgeon.
- ✓ Procedures for cosmetic purposes only will not be funded.
- ✓ Any post-surgical cosmetic irregularities will not be funded.
- ✓ Only unilateral breast reduction will be funded.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients in all areas would have to be non-smokers to be eligible.

### Castle Point and Rochford and Southend

#### Key points from the current policy:

- ✓ Individual prior approval.
- ✓ Funding will only be considered if there is gross disparity of breast cup sizes (two sizes) on initial consultation with the patient's GP.
- ✓ Funding will only be considered if patients meet all criteria and are confirmed by a plastic surgeon. Patients must meet all criteria which also includes a BMI of less than 25kg/m<sup>2</sup> and evidence that the weight has been stable for two years.
- ✓ Only unilateral breast reduction will be funded.
- ✓ Procedures for cosmetic purposes only will not be funded.
- ✓ Any post-surgical cosmetic irregularities will not be funded.

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

#### Impact of proposed update:

- ✓ The BMI criteria would be removed, meaning that more people could access services.





## Breast Reduction (making breasts smaller)

### New policy Service provision via Individual Prior Approval

#### Recommended threshold criteria:

- ✓ The patient is suffering from neck ache and/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 bra has not relieved the symptoms, and
- ✓ The patient has had persistent intertrigo (inflamed skin caused by friction/rubbing) 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 less than 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.

### Mid Essex

#### Key points of the current policy:

- ✓ This is currently not funded in Mid Essex.

#### Impact of proposed update:

- ✓ Patients in Mid Essex would in future be able to access this service if they met the threshold criteria.

### Basildon and Brentwood

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Surgery is only considered if the patient meets one specific criteria set or there are clinically exceptional circumstances.
- ✓ Patients who have predictable breast changes due to pregnancy are excluded.

#### Impact of proposed update:

- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg. This could mean fewer patients would qualify for the service.

### Thurrock

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Patient to meet criteria.
- ✓ Patients who have predictable breast changes due to pregnancy are excluded.

#### Impact of proposed update:

- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg. This could mean fewer patients would qualify for the service.

### Castle Point and Rochford and Southend

#### Key points from the current policy:

- ✓ Individual prior approval.
- ✓ Patient to meet criteria.
- ✓ Funding will only be considered if patients meet all criteria and are confirmed by a plastic surgeon.
- ✓ Patients must meet all criteria which also includes a BMI of less than 25kg/m<sup>2</sup> and evidence that the weight has been stable for 2 years.
- ✓ Patients not meeting criteria not funded unless there are clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ The threshold for BMI would rise 25kg/m<sup>2</sup> to 27kg/m<sup>2</sup> meaning patients under 27kg/m<sup>2</sup> would no longer have access to the service. But as a patient's weight would have to be stable for only one year, rather than two, means that more patients could have access to this service under this criteria.
- ✓ The proposal would mean the minimum amount of tissue removal would rise from 500g to at least 1kg. This could mean fewer patients would qualify for the service.



## Female Sterilisation

### New policy Service provision via Group Prior Approval

#### Recommended threshold criteria:

- ✓ Family complete: The woman is certain that her family is complete or that she never wants children in the future.
- ✓ Contraception: 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: 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 the latest capacity guidance.
- ✓ Counselling: she is aware that the procedure is permanent but has a failure rate, that reversal is not funded on the NHS (except via Individual Funding Requests), and that other forms of LARC have a similar success rate, with a lower risk profile. Counselling must also include consideration of vasectomy for her partner where appropriate.
- ✓ BMI: she must have a BMI less than 35, due to increased clinical risk associated with a 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.

### Mid Essex

#### Key points of the current policy:

- ✓ This is not routinely funded in Mid Essex. Patients are only funded in clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients would be able to access services if they met the criteria.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

### Basildon and Brentwood

#### Key points of the current policy:

- ✓ Group prior approval.
- ✓ Patients must meet threshold criteria.
- ✓ Patients not meeting the criteria will not be funded unless there are clinically exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients would have to have a BMI of less than 35kg/m<sup>2</sup>. This could exclude some patients.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

### Thurrock

#### Key points of the current policy:

- ✓ Currently there is no service restriction - the service is commissioned.

#### Impact of proposed update:

- ✓ The consideration of vasectomy for the woman's partner would be a criterion for all patients.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

### Castle Point and Rochford and Southend

#### Key points from the current policy:

- ✓ Currently there is no service restriction - the service is commissioned.

#### Impact of proposed update :

- ✓ All patients would have to have a BMI of less than 35kg/m<sup>2</sup>. This could exclude some patients.
- ✓ Mental Health/ Learning disability: criteria clarified around mental capacity, to ensure equality of access for those with impaired capacity.

# proposals



## Vasectomy

**New policy** Service provision via Vasectomy under Local anaesthetic: **Routinely funded**

Vasectomy under General anaesthetic: **Group Prior Approval**

**Recommended threshold criteria or Vasectomy under General Anaesthetic:**

- ✓ Previous documented adverse reaction to local anaesthesia.

OR

- ✓ Scarring or deformity that distorts the anatomy of the scrotal sac or content making identification and/or control of the spermatic cord through the skin difficult to achieve.

### Mid Essex

**Key points of the current policy:**

- ✓ This is not currently routinely funded. Funding is only available in exceptional clinical circumstances.

**Impact of proposed update:**

- ✓ Patients in mid Essex would have the same access as patients in other areas.

### Basildon and Brentwood

**Key points of the current policy:**

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases referred to primary care providers.

**Impact of proposed update:**

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

### Thurrock

**Key points of the current policy:**

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases a referral should be made to a Primary Care Provider.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

**Impact of proposed update:**

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

**Impact of proposed update:**

- ✓ More patients across all areas would have access to this service due to the additional provision for vasectomy under local anaesthetic (routinely funded).

### Castle Point and Rochford and Southend

**Key points from the current policy:**

- ✓ Group prior approval.
- ✓ Carried out by general anaesthetic on a restricted basis.
- ✓ Other cases a referral should be made to a Primary Care Provider.
- ✓ Patients not meeting the above criteria will not be funded unless there are clinically exceptional circumstances.

proposals



## Tertiary Fertility Services

### New policy Service provision via Individual Prior Approval

#### Recommended threshold criteria:

- ✓ **IVF:** A full cycle defined as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. The transfer of one frozen embryo will be funded for patients who do not achieve a live birth with the fresh embryo transfer. The age of the 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 two 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 one year.
- ✓ **Eligible Couples will be offered:** a maximum of two 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 one 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 GP 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/m<sup>2</sup>). Women with BMI higher than 30 should be referred to the appropriate obesity management pathway.
- ✓ Men with a BMI of higher than 35 will not be considered for treatment and should be referred to the appropriate obesity management pathway.
- ✓ **Smoking:** Couples must 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. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

- ✓ **Donor gametes (eggs and sperm):** Up to one batch (usually six) of donor oocytes (immature eggs) 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 and 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.

## Mid Essex

### Current policy and impacts of the proposed updates:

#### IVF (in vitro fertilisation)

- ✓ These services are not currently routinely funded in Mid Essex. Funding is only available in exceptional clinical circumstances.

#### Intra-uterine insemination (IUI)

- ✓ These are currently not funded except under exceptional clinical circumstances, and there would be no change under the new policy.

#### Donor oocyte (immature egg) donation

- ✓ These are not currently available.

#### Donor sperm donation/insemination

- ✓ These are not currently available.

### Impact of proposed update:

Under the new proposals, patients would have access to the following services

- ✓ IVF (in vitro fertilisation)
- ✓ Donor oocyte donation – under the new policy patients would have access to up to one batch (usually six) of donor oocytes.
- ✓ Donor sperm donation/ insemination - under the new policy patients would have access to these services up to one batch



## Basildon and Brentwood

### Current policy and impacts of the proposed updates:

#### IVF (in vitro fertilisation)

- ✓ These services are not currently routinely funded. Funding is only available in exceptional clinical circumstances

#### Intra-uterine insemination (IUI)

- ✓ These are currently not funded except under exceptional clinical circumstances, and there would be no change under the new policy

#### Donor oocyte (immature egg) donation

- ✓ These are not currently available.

#### Donor sperm donation/insemination

- ✓ These are not currently available.

### Impact of proposed update:

Under the new proposals, patients would have access to the following services

- ✓ IVF (in vitro fertilisation)
- ✓ Donor oocyte donation – under the new policy patients would have access to up to one batch (usually six) of donor oocytes.
- ✓ Donor sperm donation/insemination - under the new policy patients would have access to these services up to one batch

## Thurrock

### Current policy and impacts of the proposed updates:

#### Key points of the current policy:

#### IVF (in vitro fertilisation)

- ✓ Individual prior approval
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Eligible couples will be offered: three cycles of IUI, and/or two full cycles of IVF+/-ICSI.
- ✓ 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
- ✓ 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
- ✓ 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

- ✓ The female partner should not have had any previous NHS funded attempts at IVF or ICSI and not more than three NHS funded attempts at IUI.
- ✓ Women will only be considered for treatment if their BMI is between 19 and 30Kg/m<sup>2</sup>). Women with BMI greater than 30 should be referred to the appropriate obesity management pathway.
- ✓ Men with a BMI greater than 35 will not be considered for treatment and should be referred to appropriate obesity management pathway.

### Impact of proposed update:

- ✓ Under the new proposals, there would be no change to the number of IVF cycles offered.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.
- ✓ **Age:** The age limit would be increased and where the partner is between the age of 40-42, a maximum of one full cycle (local definition) would be available if criteria are met.

## Intra-uterine insemination

### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Specialist Fertility Treatment Policy criteria.
- ✓ Couples where both partners are male will not be funded.
- ✓ Funding of assisted conception for single women is not available.
- ✓ Where both partners are female, funding can be provided as long as the relevant criteria are met. Infertility needs to be demonstrated in the partner who is seeking to become pregnant. These couples must also meet requirements for parenthood and that both partners consent to be parents of the child.

### Impact of proposed update:

- ✓ Patients in Thurrock would no longer be funded for this service.

## Donor oocyte (immature egg) donation

### Key points of the current policy:

- ✓ Individual prior approval
- ✓ Specialist Fertility Treatment Policy criteria

- ✓ Funding up to one batch (usually five) of donor oocytes. Where more than two viable embryos are generated funding is only provided for the transfer of up to two 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.

#### Impact of proposed update:

- ✓ Patients in Thurrock would be able to access one batch (usually six) donor oocytes. This is an increase of one oocyte.

#### Donor sperm donation/insemination

##### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Specialist Fertility Treatment Policy criteria.
- ✓ Fund one batch of donor sperm.

#### Impact of proposed update:

- ✓ There would be no change - one batch of donor sperm would be funded.

## Castle Point and Rochford and Southend

### Current policy and impacts of the proposed updates

#### IVF (in vitro fertilisation) Castle Point and Rochford

##### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ For women under 40 years old - maximum of four embryo transfers with maximum of two fresh cycles of IVF. Any previous cycles will count towards the number offered.
- ✓ For women aged 40 - 42 - limit determined by local area, maximum of two embryo transfers including a maximum of one fresh cycle of IVF.
- ✓ Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 cycles of artificial insemination over a period of three years.
- ✓ Couples who do not meet the criteria and consider they have exceptional circumstances should be considered under the Individual Funding Request.

#### Impact of proposed update:

- ✓ No change to the number of IVF cycles offered.
- ✓ Patients in Castle Point and Rochford could access services after two years of unexplained infertility taking both age and waiting lists into consideration. This is a reduction of one year. Where the partner receiving IVF is 40-42, the period of unexplained infertility would be at least one year.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.

#### IVF (in vitro fertilisation) Southend

##### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Service users should have experienced unexplained infertility for three years or more of regular intercourse or 12 cycles of artificial insemination over a period of three years.

- ✓ For women less than 40 years old, the policy supports a maximum of two embryo transfers with one cycle of IVF, with or without ICSI, this includes any abandoned cycles. Any previous full IVF cycles, whether self- or NHS-funded, will count towards the total number of full cycles offered. Women up to the age of 40 years and meeting all eligibility criteria will be able to access one cycle of IVF funded by the CCG.
- ✓ Offer one cycle of IVF to women aged 40-42 years

#### Impact of proposed update:

- ✓ No change to the number of IVF cycles offered.
- ✓ Patients in Southend could access services after two years of unexplained infertility taking both age and waiting lists into consideration. This is a reduction of one year. Where the partner receiving IVF is 40-42, the period of unexplained infertility would be at least one year.
- ✓ **Same-Sex Couples:** If six cycles of privately funded IUI have been unsuccessful, demonstrating infertility, the couple will be eligible for IVF as above. Under recommended criteria, same-sex couples would now be eligible for the same number of cycles as heterosexual couples.



### Intra-uterine insemination Castle Point and Rochford and Southend

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Criteria/detail in Specialist Fertility Commissioning Policy.
- ✓ Couples who do not meet the criteria and consider they have exceptional circumstances should be considered under the Individual Funding Request.
- ✓ Maximum of six cycles of IUI (as replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances.

#### Impact of proposed update:

- ✓ Patients in Castle Point and Rochford and Southend would no longer be funded for this service.

### Donor oocyte (immature egg) donation Castle Point and Rochford and Southend

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Egg donation where no other treatment is available - 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 before the age of 40 years or to avoid transmission of inherited disorders to a child where the couple meet the other eligibility criteria.

#### Impact of proposed update:

Patients will have access to one batch (usually six) 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. This means that patients no longer have to find an egg donor or be placed on a waiting list for an altruistic donor.

### Donor sperm donation/insemination Castle Point and Rochford

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Funded up to the same number of cycles of IVF.
- ✓ Donor insemination is funded up to a maximum of six cycles of Intrauterine Insemination (IUI).

#### Impact of proposed update:

- ✓ Patients would have access to one batch of donor sperm. Removal of IUI services across mid and south Essex could mean patients will not be able to access this service.

### Southend

#### Key points of the current policy:

- ✓ Individual prior approval.
- ✓ Donor semen is used for same sex couples as part of IVF/ICSI treatment.
- ✓ A maximum of six cycles of IUI (as a replacement for IVF/ICSI and without donor sperm) will only be offered under exceptional circumstances.

- ✓ Funded up to the same number of cycles of IVF for women younger than 40 years - a maximum of four embryo transfers with a maximum of two fresh cycles of IVF.

- ✓ For women aged 40-42 years, NHS treatment limit will be determined by local CCG up to maximum of two embryo transfers, including a maximum of one fresh cycle of IVF.

#### Impact of proposed update:

- ✓ Patients would have access to one batch of donor sperm with no change to the number of IVF cycles offered.
- ✓ Removal of IUI services across mid and south Essex could mean patients would not be able to access this service

# proposals

## What happens to those currently receiving treatment?

All patients accessing treatment, or those who start treatment under the current policies, will continue to be entitled to the eligibility criteria within each policy for the area in which they live.

Once this consultation is complete and the new policy is agreed upon, the new criteria will be applied to all new referrals for treatment.

## How will a decision be made?

When the public consultation closes on 19th December 2022, a report will be written which brings together all the feedback received during the consultation and independent analysis of the public feedback will be carried out.

This report will then be shared with the Mid and South Essex Integrated Care Board. At a meeting held in public, the Board will consider the views of the public when they are asked to decide what the final criteria are for each of the six service areas and to agree on a single policy. The ICB Board meeting will take place on Thursday 9th February 2023 and any agreed service changes will take effect from 1st April 2023.

## How can I give my views?

We would like to hear your views on the proposals for each service area. The easiest way is to complete the consultation survey at [www.midandsouthessex.ics.nhs.uk/get-involved/how/consultations/](http://www.midandsouthessex.ics.nhs.uk/get-involved/how/consultations/).

We are also happy to receive your views by:

**Email:** [mseicb.getinvolved@nhs.net](mailto:mseicb.getinvolved@nhs.net)

**In writing:** NHS Mid and South Essex ICB, Phoenix Court, Christopher Martin Road, Basildon, Essex, SS14 3HG.

You can also attend to one of our in-person discussion events below. To register visit [www.midandsouthessex.ics.nhs.uk/events](http://www.midandsouthessex.ics.nhs.uk/events) or call **01268 594350**.

Location	Date	Timing
<b>The Beehive</b> , Voluntary and Community Resource Centre, West Street, Grays, Essex, RM17 6XP	9th Nov	6:30 - 8:00pm
<b>Witham Public Hall</b> Collingwood Rd, Witham CM8 2DY	10th Nov	5:00 - 6:30pm
<b>The Place</b> , Pitsea Leisure Centre, Northlands Pavement, Pitsea, Basildon, Essex SS13 3DU	22nd Nov	6:30 - 8:00pm
<b>The Forum Southend</b> Elmer Square, Southend-on-Sea, Essex SS1 1NS	24th Nov	5:30 - 7:00pm
<b>Online event</b> via Zoom – details provided when you sign up	30th Nov	7:00 – 8:30pm

A large, abstract teal graphic in the bottom right corner of the page, consisting of several overlapping, curved shapes in various shades of teal.

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