



Mid and South Essex
Integrated Care
System



Mid and South Essex



**Making services more equal for
people across mid and south Essex**
easy-read information

- 1** Section 1: **Who are we?**
- 2** Section 2: **What is this document about?**
- 3** Section 3: **Who can receive these services?**
- 4** Section 4: **How have we developed the proposals?**
- 5** Section 5: **What have we already heard?**
- 6** Section 6: **What are the proposals?**
- 7** Section 7: **How will a decision be made?**
- 8** Section 8: **How can I give my views?**

1

Section



Who are we?



Mid and South Essex
Integrated Care Board

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



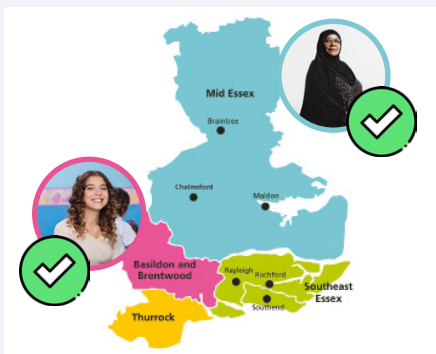
We plan, organise, and buy NHS healthcare for people living across mid and south Essex.



We promise to deliver local, high quality healthcare services.



We want to make sure we spend our money on the right things.



We want to make sure people get good quality services no matter where they live in our area.



We work with lots of different NHS services, including:



Hospital services

Section 1: Who are we?



Community health services



Mental health services



149 GP Practices (Doctors Surgeries)

The different areas of mid and south Essex



2

Section

What is this document about?




We want to make things more equal for 6 NHS services.



At the moment, these 6 services are different depending on where you live in the area.




For example, people living in one area can't access weight loss surgery on the NHS, but people living in an other area can.



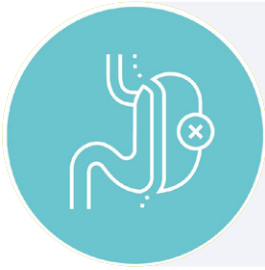
Making things fairer

We want to update things to make it fairer for people.



This is so everyone living in mid and south Essex have the same access to these 6 services.

The 6 services



1. **Weight loss surgery**



2. **Correction for uneven breasts**



3. **Breast reduction**
(making breasts smaller)



4. **Operations to stop women having more children due to sex**
(female sterilisation)



5. **Operations to stop men having more children due to sex**
(vasectomy or male sterilisation)



6. **Fertility Services** (supporting couples to have children)



This document describes our ideas for updating things.

These are our proposals.



We would like you to tell us what you think about them.



We want your feedback to help us make these important decisions.



If you need information about how we do things at the moment, please contact us.

Our details can be found at the end of this document.

3

Section

Who can access these services?



Funded by **NHS**

All 6 of the services are only funded by the NHS in some situations.



Access to these services could be different depending on where you live.



Doctors will use information to help them decide if a patient would benefit from treatment.



Some of the changes are quite complicated.



You do not need to work out if they affect you.



Services listed as “**group approval**” means that your GP or another healthcare worker will tell you if you can get the service for free on the NHS.



For “**group approval**” we will use this symbol.

Section 3: Who can receive these services?



A service needing **“individual approval”** means that if you want the service, you have to apply to a special NHS team.



For **“individual approval”** we will use this symbol.



Your GP can explain to you how applying for individual approval works.



If you are not sure about anything, please talk to your GP.

4

Section

How have we developed the proposals?



We looked at the latest information and experience for all 6 service areas.



We have also asked for advice from doctors, nurses, and other professionals.



We have talked with local people to understand what is important to them when we make these decisions.

Section 4: How have we developed the proposals?



We looked at the cost of providing these services.



Looking at our finances, we found:



The current cost of providing these services is around £1 million per year.



If we make these changes across mid and south Essex we will spend an extra £1.1 million per year.



The proposals we have set out mean a higher cost to the NHS as more people would have access to the services.



We know that some groups of people in our communities suffer from **health inequalities**.



Health inequalities are the unfair differences in people's health across groups of people.

Section 4: How have we developed the proposals?



We want to make improvements for people who suffer from health inequalities.



The changes we are planning help, for example, making things fairer for people in our area.



We will do some work to make sure we hear from people who are more likely to experience health inequalities.



For example, we will talk to people with a mental health condition or a learning disability.

5

Section

What have we already heard?



To help understand people's views, we ran a small survey in August 2022.



Two things that lots of people agreed on were fairness and **equity**.



Equity means that anyone in mid and south Essex should be able to access services in the same way.

Section 5: What have we already heard?



People told us that there is often a big emotional impact around these services.



People told us that they want healthcare professionals to think more about how emotional people can feel.

6

Section

What are the proposals?



In this section, we have written our proposals for each of the 6 service areas.

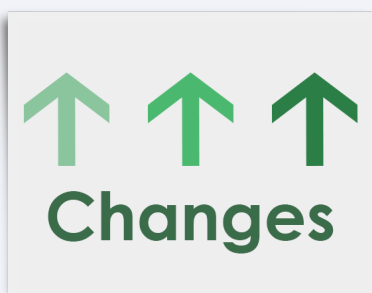


Healthcare professionals and the views of local people have helped make these proposals.



We did not want to keep these services the same as they do not provide fair and equal access for people.

Section 6: What are the proposals?



For each service, we have written some information about how each service would change.



Full document

IMPORTANT

For full details about the changes we are thinking about you can read the full consultation document.



Weight loss surgery

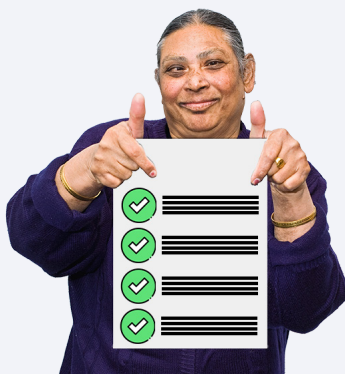


The changes we are thinking about.

This service would need Group Approval.



Services listed as “**group approval**” means that your GP or another healthcare worker will tell you if you can get the service for free on the NHS.



What must be in place for patients to have treatment:

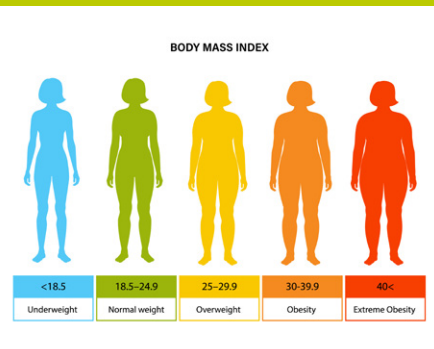
Weight loss surgery



1. The person is fit for surgery and OK to have **anaesthetic**.



Anaesthetic is a medicine that is used to send you to sleep, so you are not aware of surgery and do not move or feel pain.



2. The person has a **BMI** of **40** or more.

OR



3. The person has a BMI of between **35-40** and has another disease.

An example would be type 2 diabetes.



BMI is a measure of your weight compared to your height.



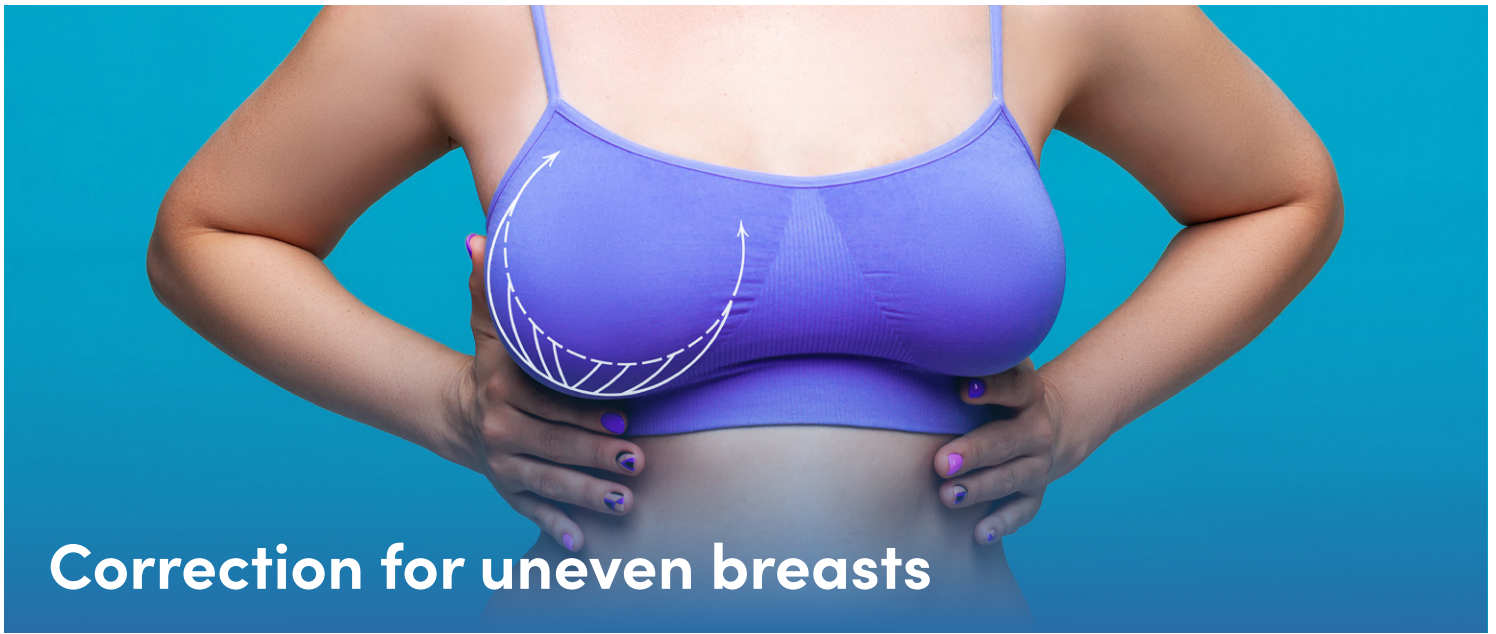
4. All other ways of losing weight have been tried but the person has not lost any weight.



5. The person takes part in a weight management programme.



6. The person is happy to have follow-up appointments with a healthcare professional.



Correction for uneven breasts



The changes we are thinking about.

This service would need Individual Approval.



Individual approval means that if you want the service, you have to apply to a special NHS team.



The goal of surgery is to correct seriously uneven breasts that cause a negative impact on the woman's health or wellbeing.



Patients can have surgery if:

1. There is not another medical problem that cause the breasts to be uneven.

2. There is a difference of at least 2 cup sizes.

For example C and DD cup sizes.

OR

3. The negative effect on a patient's health and wellbeing has lasted at least 1 year.

Correction for uneven breasts



4. Wearing a professionally fitted bra has not helped.



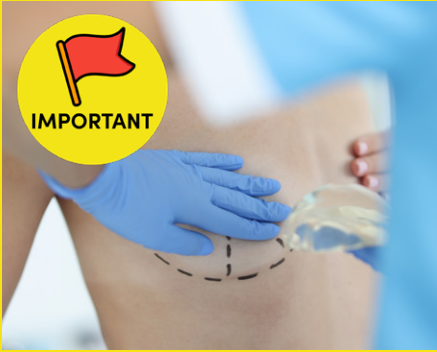
5. All other ways of helping the patient have been tried but have not worked.



6. The patient is a non-smoker.



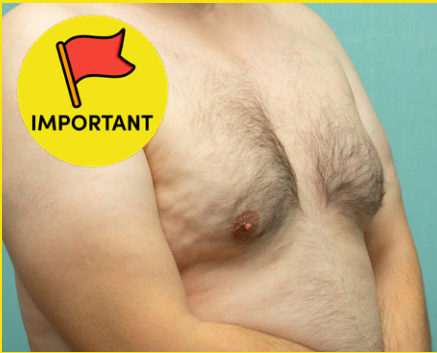
7. The patient has had no change in cup size for one year and has reached the end of puberty.



IMPORTANT

Only breast reduction will be carried out.

Breast enlargement is not available.



IMPORTANT

This service does not cover men whose breasts swell and become larger than normal.

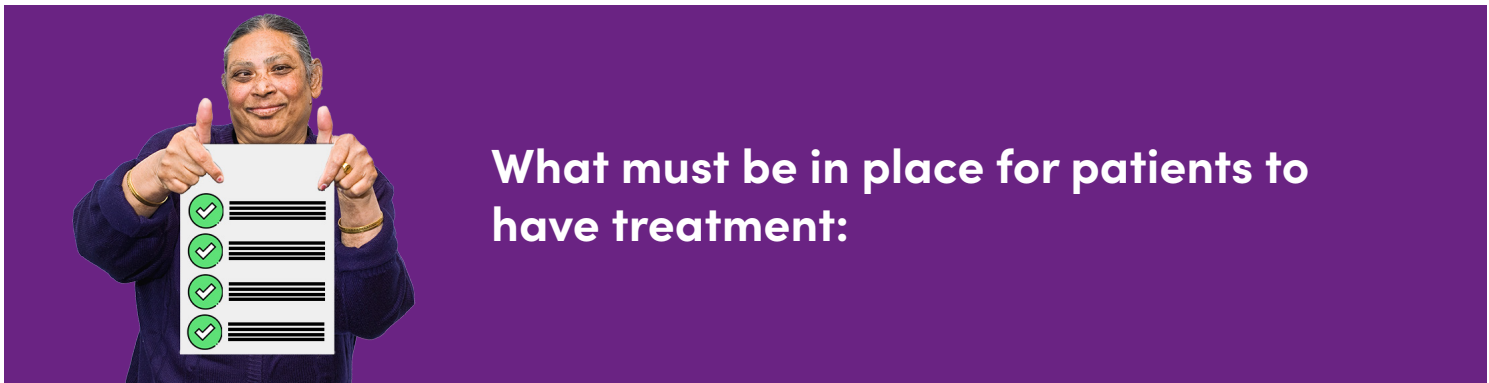


Breast Reduction (making breasts smaller)



The changes we are thinking about.

This service would need Individual Approval.



What must be in place for patients to have treatment:



1. The patient is suffering from neck ache or back ache.



2. Wearing a professionally fitted bra has not helped.

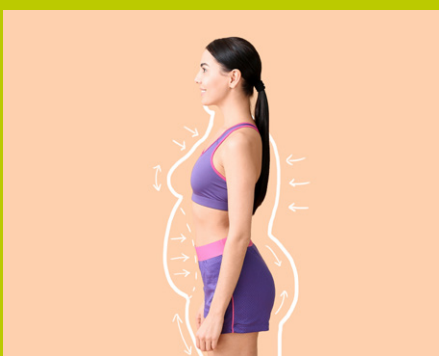


3. The patient has had sore skin for a long time caused by rubbing.

OR

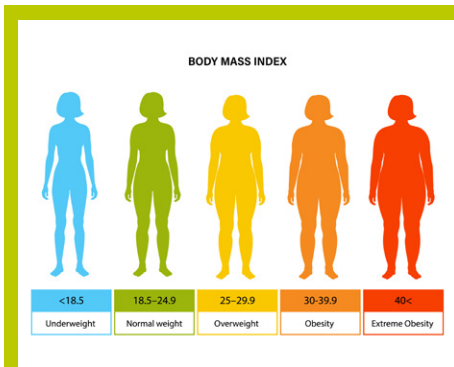


4. Another serious health problem caused by large breasts that has lasted at least 1 year.

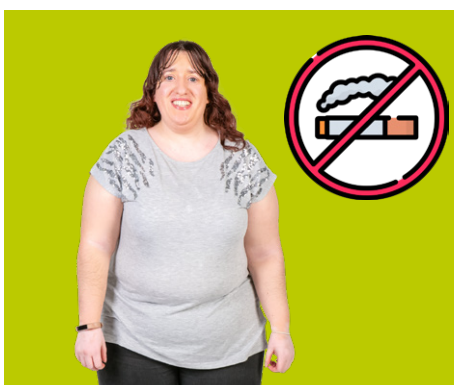


5. The patient has tried different options, for example losing weight.

Breast Reduction (making breasts smaller)



6. The patient has a BMI less than **27** and their weight doesn't change much.



7. The patient is a non-smoker.

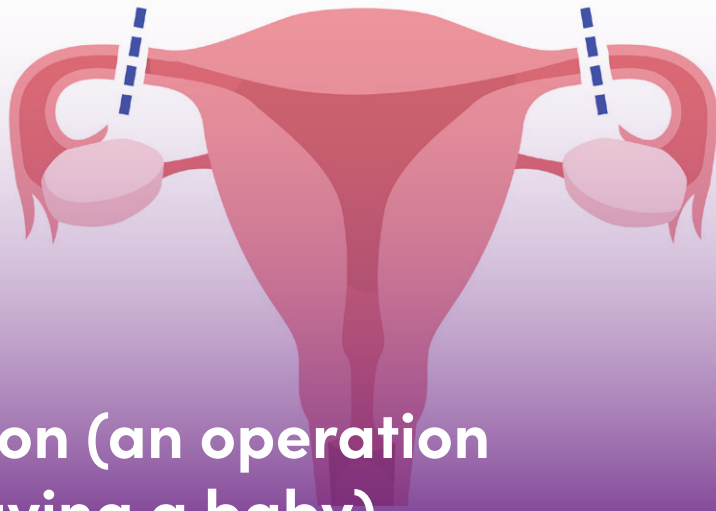


8. At least 1kg is planned to be removed from each breast.

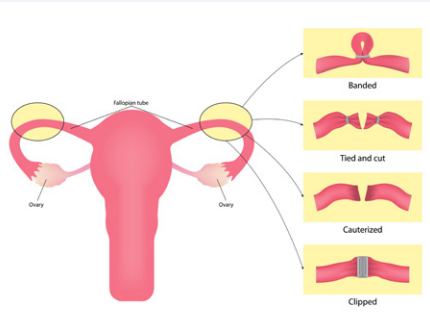


IMPORTANT

Patients who have breast changes because they are pregnant are not included.



Female Sterilisation (an operation to stop women having a baby)

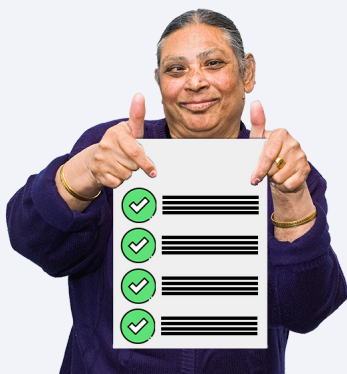


Female sterilisation is an operation to permanently stop women getting pregnant.



The changes we are thinking about.

This service would need Group Approval.

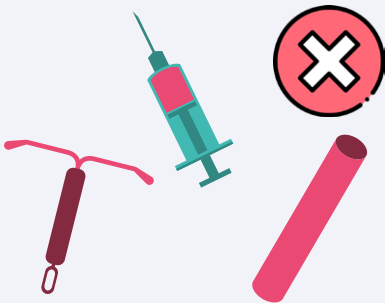


What must be in place for patients to have treatment:

Female Sterilisation (an operation to stop women having a baby)



1. The patient is completely sure that she never wants children in the future.



2. The woman has a medical reason for not using **Long Acting Contraception**.



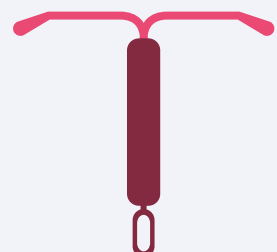
Long Acting Contraception is contraception that you do not have to think about every day or every time you have sex. They include:



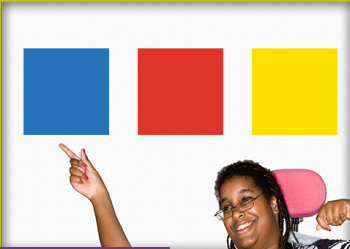
Implants placed under your skin



Contraceptive injections



Devices fitted inside the womb



Decision

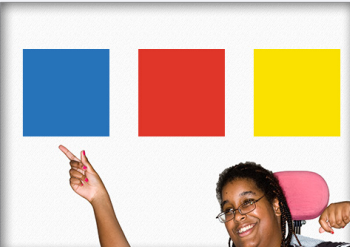
3. The patient has **mental capacity** to make her decision.

OR




Supported decision

4. The patient has support to help have mental capacity to make her decision.



In our lives we often have to make important choices.



Mental Capacity

When you can understand the choice you need to make, this is called having **mental capacity** to make the choice.

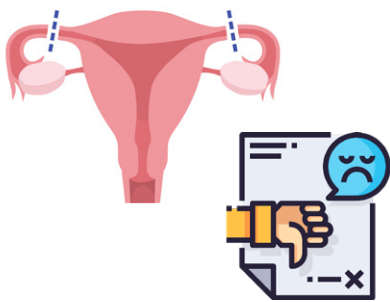
Advocate



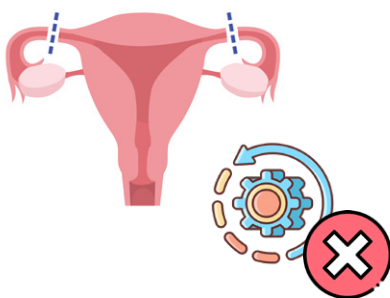
5. If needed, the patient has an advocate to support her.



6. She knows that the operation is permanent.

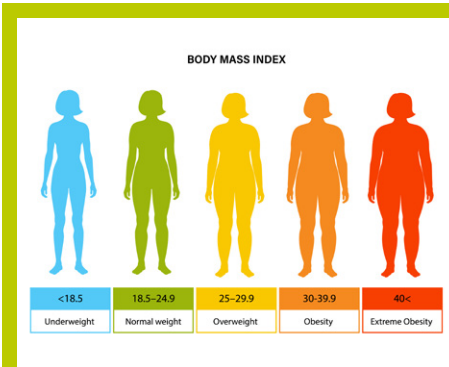


7. She knows that the operation sometimes doesn't work.

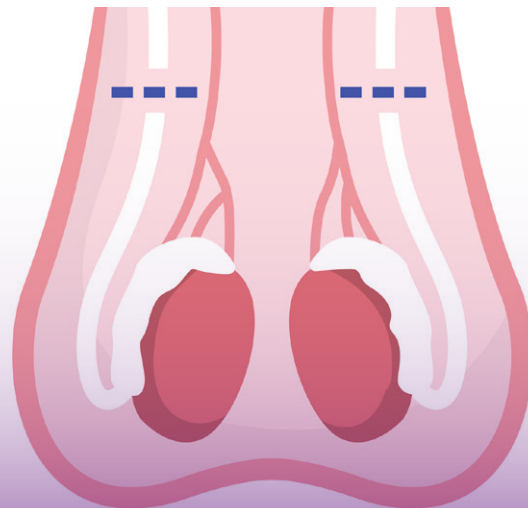


8. She knows that reversing the treatment is not funded on the NHS.

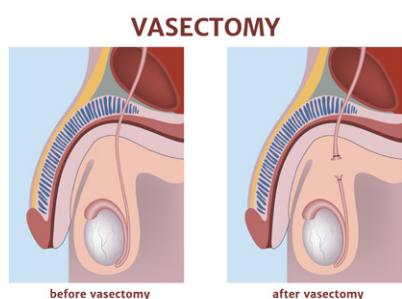
Female Sterilisation (an operation to stop women having a baby)



9. The patient must have a BMI less than **35**.



Vasectomy



This is an operation men can have on their balls (testicles) that should prevent them getting women pregnant.



New policy: This operation will be available to everyone under local anaesthetic. This means you would awake during the operation but not feel anything.



New policy: This operation will be available under general anaesthetic if your GP thinks you need it.



What must be in place for patients to have a Vasectomy under **general anaesthetic**:

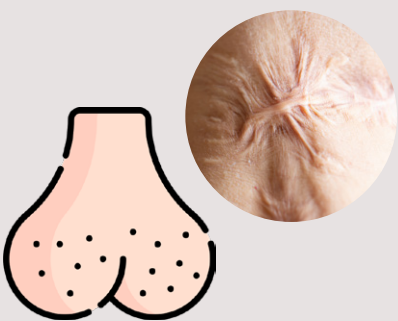


During a **general anaesthetic**, medicines are used to send you to sleep, so you are not aware of surgery and do not move or feel pain.



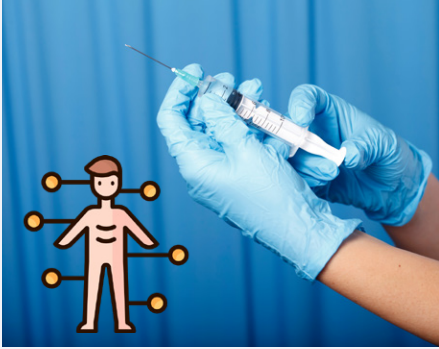
1. The patient has had a bad reaction to **local anaesthetic**.

OR



2. Scarring or other changes to the sac around a man's balls (called the scrotum).

Vasectomy (an operation for men to permanently stop pregnancy)



Local anaesthetic involves numbing an area of the body.



Local anaesthetic can be used to stop pain during an operation, or help with pain after surgery.

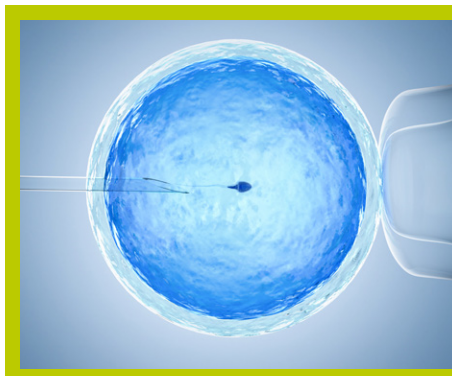


Fertility Services (supporting couples to have children)



The changes we are thinking about.

This service would need Individual Approval.



IVF is sometimes called having a test-tube baby.



It happens when scientists mix sperm and eggs outside the body and then put an embryo back into a woman's body.



Sometimes but not always this embryo can grow into a baby.



A second embryo is frozen so if the first one does not become a baby, the couple can try again. Both attempts together are called one “cycle” of IVF by the local NHS.



The partner receiving IVF should have been registered to a local GP practice for at least 1 year.



This service is available to couples who have not got pregnant for at least 2 years and their GP does not know why.

Fertility Services (supporting couples to have children)



Couples where the person receiving IVF is aged 23 to 39 years old must have been trying to have a baby for at least 2 years before they can get the service.



Couples where the person receiving IVF is 40, 41 or 42 years old must have been trying to have a baby naturally for at least 1 year before they can get the service.



Couples where the person is under 23 years old must show there is no other way for them to have a baby.



When a couple get the service, the NHS will offer them 2 cycles of IVF.

If they have had IVF before they might get fewer cycles from the new service.



Same-sex couples could get IVF if they have already tried having a baby 6 times by paying for sperm to be put in a womb with a device. (This is called IUI.)



Under the new service, same-sex couples could also have up to 2 IVF cycles.



Up to 6 eggs and 1 batch of sperm can be stored for this service.



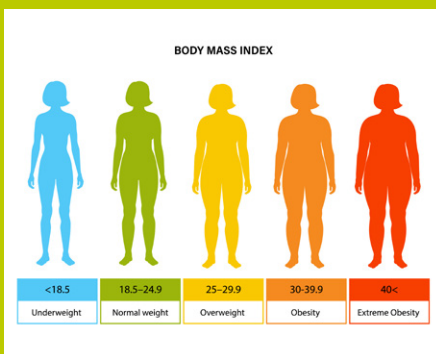
When IVF leads to more than 2 embryos, a maximum of 2 can be put back into a woman's womb.



Men with a BMI of higher than **35** will not be offered treatment and will be referred to support to lose weight.



Couples must be non-smokers at the time of treatment.



Women will only be offered treatment if their BMI is between **19-30.**



Women with BMI higher than **30** will be referred to support to lose weight.



Children:

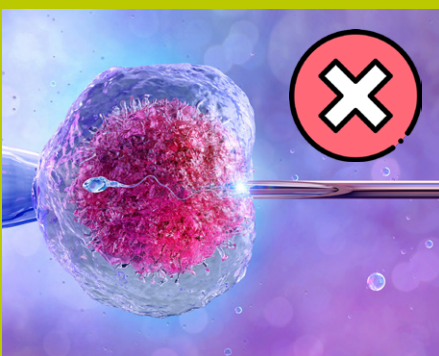
Fertility treatment will only be offered to couples where:



1. There are no children in the current relationship.



2. Neither partner has children from previous relationships.



Intrauterine insemination (sometimes called artificial insemination) will not be funded.

7

Section

What happens to people having treatment at the moment?



All patients having treatment at the moment will continue to have that treatment.



After 1st April 2023 the new agreed services will be available to everyone who starts to receive them.

8

Section

HEARING

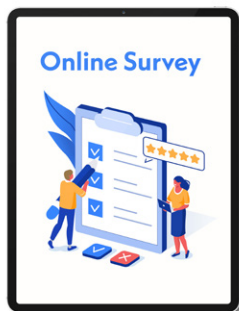
YOUR

VIEWS

How can I give my views?



We would like to hear your views on the proposals for each service area.



You can tell us your views by filling in a survey. Please click the link below.

[Online survey](#)



You can also e-mail us with your views:

mseicb.getinvolved@nhs.net



You can write to us. Our address is:

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



Discussion event

**You can also attend to one of our
discussion events.**



**To register for the event, click on the
yellow ticket.**

**You can also register by calling
01268 594350.**

Grays, Thurrock



**Thurrock: 9 November 2022,
6:30pm - 8:00pm**



**The Beehive, Voluntary and Community
Resource Centre, West Street, Grays,
Essex, RM17 6XP**

Section 8: How can I give my views?



**Mid Essex: 10 November 2022,
5:00pm to 6:30pm**



Witham Public Hall, Collingwood Road,
Witham, Essex, CM8 2DY



**Basildon and Brentwood:
22 November 2022, 6:30pm to 8:00pm**



The Place, Pitsea Leisure Centre,
Northlands Pavement, Pitsea, Basildon,
Essex, SS13 3DU



**South East Essex:
24 November 2022, 5:30pm to 7:00pm**



The Forum Southend, Elmer Square,
Southend-on-Sea, Essex, SS1 1NS



**Online:
30 November 2022, 7:00pm to 8:30pm**



Online event via Zoom – details will be
provided when you sign up.



Mid and South Essex
Integrated Care
System



A co-production group worked together to make this easy-read document.

We created this document as people who are:

“Chilled, relaxed, kind, helpful and caring”

“Creative and committed”

“Kind and generous with my time to others”

“Passionate, approachable and dedicated”



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