# Thurrock SRP – Appendix

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 – including IVF/ICS/IUI – specialist fertility services
Bariatric Surgery
Breast Asymmetry
Breast Reduction
Female Sterilisation
Gynaecomastia
Vasectomies

| Policy statement: | Assisted Conception Using IVF/ICS/IUI for infertility |
|---|---|
| Status: | Individual Prior Approval |

**Thurrock CCG** commissions assisted conception in line with NICE guidance (CG156) and in addition the person with the identified fertility problem must be registered with a Thurrock CCG GP and live within that practice's boundary or, if unregistered, their usual place of residence is within the Thurrock CCG boundary. The period of residence must be a minimum of 12 months.

http://www.nice.org.uk/Guidance/CG156

Active forces personnel are exempt from the 12 month residency requirement (but should still meet the other registration and / or residency criteria).

**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/

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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

| **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/$m^2$ and type 2 diabetes
      - This recommendation may be reduced by 2.5 kg/$m^2$ of BMI in Asians
      - In exceptional circumstances a patient with BMI < 35 kg/$m^2$ may be referred
    - a BMI of 40 or ≥ 35 kg/$m^2$ 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.

| Policy statement: | Breast Asymmetry |
|---|---|
| Status: | Threshold |

***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. 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:

- There is a natural absence of breast tissue unilaterally where there is no ability to maintain a normal breast shape using non-surgical methods (e.g. padded bra).
  **and**
- There is a difference of at least 2 cup sizes (e.g. C and DD cup size differential).
  **and**
- Patient Aged ≥ 18 years old and has reached end of puberty (referral should be delayed if end of puberty has not been reached).
  **and**
- Where relevant, treatment of the underlying cause of the problem has been undertaken.
  **and**
- The patient has a BMI<25 and evidence that the patient's weight has been stable for 2 years.

The choice of surgical intervention (i.e. unilateral breast reduction or unilateral breast augmentation) should be made jointly by the person and the clinician and taking into account:

- The experience of the surgeon who will perform the operation, and
- the best available evidence on effectiveness and long term effects, and
- the facilities and equipment available, and
- Significant musculo-skeletal pain/functional problems.

Patient must be aged at least 18 years. Surgery for patients aged 16 or 17 years will only be funded if breast size has been stable for at least one year, and the referring clinician can satisfy the Individual Funding Request panel that it is unreasonable to wait until the patient is 18 years old.

| Policy statement: | Breast Reduction |
|---|---|
| Status: | Not funded |

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:

**CRITERIA SET 1:**

- 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

**CRITERIA SET 2:**
The patient is male with hormonal or drug related breast growth **(Please see Gynaecomastia)**

**CRITERIA SET 3:**
Pubertal hyperplasia

- A reduction can be performed if it is expected that **at least 500g** will be 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.

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| **Policy statement:** | **Female Sterilisation** |
| **Status:** | **No service restriction policy in place- commissioned.** |

| Policy statement: | Gynaecomastia |
|---|---|
| Status: | Threshold |

All men have breast tissue and a breast bud. This policy intends to provide treatment for extreme/severe breast contour resulting from true breast development. This policy **excludes treatment for excess skin folds in the breast following weight loss**.

True gynaecomastia is benign enlargement of male breast tissue. It can be defined as the presence of >2cm palpable, firm, subareolar gland and ductal tissue (not fat) which should be confirmed by ultrasound.

True gynaecomastia will be funded (i.e. true breast tissue is present not just adipose tissue – pseudogynaecomastia). The clinician should ensure that the following are confirmed:

- Breast cancer has been ruled out.
- Testicular cancer has been ruled out.
- Underlying endocrine or liver abnormality has been ruled out.
- The condition is not due to the abuse of drugs with bodybuilding.
- The condition is not a side effect of medication or drugs e.g. spironolactone, cimedtidine, digoxin or cannabis.

Surgery to correct unilateral or bilateral gynaecomastia should be funded if the patient:

- Is post pubertal (stable height for past 6 months).
  **and**
- Has BMI < 25 kg/m2 with evidence that the patient's weight has been stable for 2 years.
  **and**
- Has breast enlargement on at least one side which is Grade III or above using Cordova's classification system **OR** has unilateral breast enlargement with a difference of at least 2 grades (e.g. normal and Grade II differential).

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

Applications must include at least 2 colour photographs of the chest. Photographs should go from the top of the chest down to the umbilicus. One should be taken from directly in front of the patient and another at an angle of 45 degrees(e.g. Grades II – IV).

**Patient Information:**
http://www.nhs.uk/chq/pages/885.aspx

**References:**
1. Al-Allak A, Govindarajulu S, Shere M et al. Gynaecomastia: A decade of experience. The Surgeon 2011; 9:255-258.
2. Godwin Y, Gynaecomastia: considerations and challenges in treating male patients with varying body Habitus. Eur J Plast Surg 2012; 35:55–64.
3. MacLean GM, Smith B, Umeh H. UK National survey of Gynaecomastia management. European. Journal of Surgical Oncology 2012;38(5)434
4. Rahmani, MB.Turton P, Shaaban A, Dall B. Overview of Gynecomastia in the Modern Era and the Leeds Gynaecomastia Investigation Algorithm. The Breast Journal, 2011; 17(3):246–255.

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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.