

Assisted Conception Services Policy

NHS Swindon Clinical Commissioning Group (CCG)

Policy	Assisted Conception Services Policy
Policy Reference	
Policy Statement	This policy sets out the CCG position for funding assisted conception services for infertile couples and single women.
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Approving Body	SCCG Governing Body

Document Control

Reviewers & Approvals

This document requires the following reviews and approvals

Name	Position	Version Approved	Date Approved
Commissioning for Quality Sub-Committee		v1.0 with a recommendation to CLG	29.01.2017
Clinical Leadership Group (CLG)		v1.1.	11.01.2017
SCCG Governing Body		v1.1	23.03.2017
BSW QPAC		v2.1	23.1.2020

Revision History

Version	Revision Date	Details of Changes	Author
1.0	29.01.2017	<p>Commissioning for Quality (CfQ) Sub-Committee made a recommendation to the Clinical Leadership Group (CLG) as follows:</p> <p>Following the consideration of the review options recommendation was made to limit the current policy review to the core points of the policy only with a recommendation that SCCG:</p> <ul style="list-style-type: none"> • would bring the number of fresh cycles offered to patients from 3 full fresh cycles to 1 fresh cycle with maximum 2 frozen embryo transfers, • to maintain the current age range of 23 to 39 at the time of referral • to maintain the time of duration of unexplained infertility at 3 years before referral to specialist fertility services. <p>CLG was also recommended to:</p> <ol style="list-style-type: none"> 1. Recognise that, given recent changes across the country in other health communities, a forth option should be noted (Point 4. Alternative options) – of no longer commissioning IVF treatments in Swindon. 2. The Group is also asked to consider the recommended proposal of altering our commissioning policy in one aspect only – to bring the number of cycles to match Wiltshire CCG policy. 3. To agree that a public engagement process should commence, and be completed in time to feed into the February Governing Body where a final decision will be made on IVF policy amendments for 2017/18 4. To agree that any new policy would be applied to new referrals only. 	TK
1.1	11.01.2017	CLG agreed the recommendation made by the CfQ Sub-committee as detailed above.	TK
1.1	13.01.2017	<p>Feedback from GWHNHSFT fertility clinic. Suggested three non-content change clarifications;</p> <p>9. Couples will be eligible for fertility treatment following a minimum of three years of unexplained sub-fertility or where there is an identified cause for the fertility problems. Addition of ...sooner where there is an identified cause for the fertility problems.</p> <p>10. Age of female partner must be between 23 and 39 years. <i>Fertility treatment for a prospective mother must commence no later than 18 weeks before the patients 40th birthday. For clarification when to refer.</i></p> <p>11. Removal of treatment no longer used; <i>six ovulation induction/gonadotropin OI cycles.</i></p>	TK/AF
1.1.	23.3.2017	Governing Body approval as part of Accountable Officer's Report for implementation from April 1 st 2017	
2.0	23.1.2020	QPAC agreement for amendment of the point 12, preservation of fertility to align across BSW as per WCCG criteria.	TK

Acknowledgement of External Sources

List any policies or procedures from external institutions that have been used to inform the writing of this policy.

Title/Author	Institution	Comment / Link
National Institute for Care and Excellence	NICE	Clinical Guideline Fertility problems: assessment and treatment CG156 (2013, last updated 2016) https://www.nice.org.uk/guidance/cg156
Wiltshire CCG Fertility Policy (2016)	WCCG	http://www.wiltshireccg.nhs.uk/wp-content/uploads/2013/12/IVF-policy-2016.09.28.pdf
NHS Bath and North East Somerset Clinical Commissioning Group Policy Statement: IVF (2016)	BaNES CCG	http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/10/Fertility-Assisted-Conception-2016.pdf

Links or overlaps with other key documents & policies

Document Title	Version and Issue Date	Link/Document
B&NES, Swindon and Wiltshire: Sustainability and Transformation Plan Emergent plan	2016	http://www.swindonccg.nhs.uk/index.php/about-us/sustainable-transformation-plan-and-nhs-five-year-forward-view
SCCG Constitution	2015	http://www.swindonccg.nhs.uk/images/publications/NHS-Swindon-CCG-Constitution-April-2015.pdf
Commissioning Policy: Implementation of Guidance Produced by the National Institute for Health and Care Excellence	2015	http://www.swindonccg.nhs.uk/index.php/about-us/download-our-policies/356-commissioning-policy-implementation-of-guidance-produced-by-nice-v2-0

Distribution & Consultation

This document has been distributed to the following people

Name	Date of Issue	Version
GWHNHSFT Fertility Clinic	13/02/2017	1.1

Document Version Numbering

Document versions numbered “0.1, 0.2, 2.4”, are draft status and therefore can be changed without formal change control. Once a document has been formally approved and issued it is version numbered “Issue 1.0” and subsequent releases will be consecutively numbered 2.0, 3.0, etc., following formal change control.

Freedom of Information

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Accessibility

This document is available in other styles, formats, sizes, languages and media in order to enable anyone who is interested in its content to have the opportunity to read and understand it.

These alternatives include but are not limited to:

- Alternative languages and dialects
- Larger and smaller print options (font 8 to 18)
- Simplified versions including summaries and translation into symbols
- Audio or read versions
- Web based versions that can be zoomed into or shrunk on screen
- Braille

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Assisted Conception Services Policy

1. Introduction

This policy sets out the CCG position for funding assisted conception services for infertile couples and single women.

2. What does the policy relate to?

The review of the Assisted Conception policy is part of the Sustainability and Transformation Plan work stream 'Demand Management' with an aim to achieve a consistent approach across the region to referral management, and alignment of clinical commissioning policies and processes. The policy also relates to the recommendations made by the National Institute of Health and Care Excellence (NICE) Clinical Guideline CG 156 'Fertility: assessment and treatment for people with fertility problems', 2013 (updated 2016).

3. Purpose

The overall aim of the local policy is to support the commissioning of the highest quality, most clinically and cost effective and affordable fertility services, that maximise health outcomes in terms of live births and patient/baby safety. This Policy update will clarify the eligibility and treatments available for patients. Aligning the number of fresh cycles offered across STP CCGs will reduce variation of care in the region.

4. Scope

The policy affects heterosexual couples and women in a same sex partnership and single women who have diagnosed or undiagnosed infertility, seeking assisted conception services. CCG does not partially fund treatments for patients who do not meet the criteria within this policy.

5. Definitions

- **Expectant management** is a formal approach that encourages conception through unprotected vaginal intercourse, involving the provision of advice and information about the regularity and timing of intercourse and any lifestyle changes which might improve a couple's chances of conceiving.
- **Full cycle of IVF/ICSI** normally comprises one episode of ovulation induction, egg retrieval, fertilisation and transfer of any resultant fresh and frozen embryo(s), and includes appropriate diagnostic tests, scans and pharmacological therapy. This definition is supported by NICE and the Human fertilisation and embryology authority (HFEA).
- **Single embryo transfer (SET)**. Strategy to reduce multiple births by transferring one embryo at any one time of treatment.
- **Abandoned/cancelled cycle of IVF**. A cancelled or abandoned cycle is defined as one where an egg collection procedure is not undertaken. If an egg collection procedure is undertaken, it is considered to be a full cycle.
- **PGD**; Pre-implantation Genetic Diagnosis and the associated IVF/ICSI. From April 2013 this service is commissioned by NHS England through Specialised Commissioning Area Teams.
- **IUI**; intrauterine insemination refers to timed introduction of sperm to uterus and can be part of natural unstimulated cycle or part of stimulated cycle.

6. Process / Details of Policy or Procedure

Eligibility Criteria for assisted conception services

1. Residency

Female partner should be registered with a Swindon CCG GP.

2. Definition of Childlessness

Treatments for sub-fertility will be funded if the couple has no living children (including adopted children) from the partnership.

Once accepted for treatment, should a child be adopted or a pregnancy leading to a live birth occur, the couple will no longer be eligible for treatment.

3. Welfare of the Child' requirements

Couples must conform to the 'Welfare of the Child' requirements.

4. Smoking.

Couples must both have been non-smokers for a minimum of 6 months prior to referral for IVF.

5. Female Body Mass Index (BMI)

The woman must have a BMI of between at least 19 and up to and including 30.

6. Reversal of Sterilisation and Treatment Following Reversal

Couples are ineligible if previous sterilisation or vasectomy has taken place (either partner) even if it has been reversed.

7. Previous infertility treatment

Couples who have undergone three or more previous IVF / ICSI cycles either NHS or privately funded, will be ineligible for further NHS funding. Further cycles may be funded to bring the total number of complete IVF cycles to three. The (NHS funded) transfer of a frozen embryo from a previous self-funded cycle will count as the first NHS funded cycle.

8. Donor eggs/embryos or sperm

Donor eggs/embryos or sperm are funded only as part of a course of IUI/IVF treatment for sub-fertility.

9. Duration of Infertility/Waiting Time

Couples will be eligible for fertility treatment following a minimum of three years of unexplained sub-fertility or sooner where there is an identified cause for the fertility problems.

Same sex couples and women not in a relationship will be assessed if insemination on at least 10 non stimulated cycles over a period of three years has failed to lead to pregnancy. NHS funding is not available for access to donor insemination facilities for fertile women. All other criteria apply equally.

10. Age at Time of Treatment

Age of female partner must be between 23 and 39 years. Fertility treatment for a prospective mother must commence no later than 18 weeks before the patients 40th birthday.

Age of male partner less than 55 years.

11. Number of cycles funded

In vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI)

- Eligible couples requiring IVF, with or without ICSI, will have available to them a maximum of three embryo transfers; **one fresh cycle and two frozen cycles.**
- In order to access NHS funded IVF, with or without ICSI, patients will be required to fulfil all relevant eligibility criteria

One cycle of NHS funded IVF treatment can be either one IVF/ICSI cycle OR three cycles of IUI/donor insemination.

Where a course of treatment is not completed for clinical reasons this treatment cycle will not be counted with regard to the eligibility criteria.

12. Fertility preservation for patients who are to undergo therapy with oncology treatments which are likely to compromise their future fertility

The CCG will fund the collection and storage of eggs, embryos and sperm for individuals who are to be treated with oncology treatments which are likely to compromise their future fertility with the following conditions:

- CCG will fund the storage for first ten years only (in addition to the age criteria below being applied).
- CCG will not fund for the continued storage of eggs/embryos for a woman age over 40.
- CCG will not fund for the continued storage of sperm for a man aged over 55.
- Patients must have commenced puberty and not be older than the limits for treatment set out above.

At the time of fertility preservation, patients do not need to be able to demonstrate that they comply with the requirements of CCG Assisted Conception Services Policy in respect to BMI and smoking status, as delaying treatment until a patient could comply may compromise oncology treatment.

Women should be offered egg or embryo cryostorage as appropriate only if they are well enough to undergo ovarian stimulation and egg collection, provided that this will not worsen their condition and that sufficient time is available.

Cryopreservation of ovarian tissue is still an early stage of development and will not be funded.

The eligibility criteria set out in the CCG Assisted Conception Services Policy must be applied to any subsequent use of the stored material. NHS funding of cryopreservation of materials will cease where:

- Fertility is established through tests or conception
- A live birth has occurred
- The patient dies and no written consent has been left permitting posthumous use

Rationale:

NICE CG156 recommends offering sperm cryopreservation to men and adolescent boys who are preparing for medical treatment for cancer that is likely to make them infertile. For women of reproductive age who are preparing for medical treatment for cancer that is likely to make them infertile, CG156 recommends offering oocyte or embryo cryopreservation as appropriate if:

- They are well enough to undergo ovarian stimulation and egg collection, and this will not worsen their condition, AND
- Enough time is available before the start of their cancer treatment.

Storage of cryopreserved material is recommended for an initial period of 10 years.

7. Roles and Responsibilities

The Swindon CCG Commissioning for Quality Sub-Committee (CfQ) will oversee the policy updates and re-review the policy in due course. The CCG Clinical Leadership Committee will consider the recommendations made by the CfQ Committee and make a recommendation to the SCCG Governing Body.

8. Equality and Diversity

Policy update will clarify the eligibility for services for patient as well as for clinicians. All patients meeting the eligibility criteria, which remains unchanged, will have access to same number of IVF cycles. Aligning the number of fresh cycles offered across STP CCGs will reduce variation of care the region.

9. Monitoring and Implementation

The CCG will monitor the implantation of the policy via the usual provider contract monitoring process.

10. Review

This policy will be review every three years or sooner if relevant new national directive or guidance is published.

11. Dissemination

The policy is disseminated to the Provider organisations by the responsible CCG Commissioner. This policy is also disseminated to the Primary Care Practitioners and available in the CCG website for the public.