



HaRD CCG: Assisted Conception Treatment – Guidance for Reproductive Medicine Units

This document explains the process that Harrogate & Rural District CCG has agreed for Reproductive Medicine Units to follow when they receive referrals for assisted conception treatment for HaRD CCG patients, under the commissioning policy agreed by the Governing Body on 3 April 2014.

Patients under the care of GP or secondary care gynaecology /urology teams

Infertility is defined as “failure to conceive after two years of unprotected intercourse, or 12 attempts at artificial insemination (6 of which should be IUI) in those people where intercourse is not possible,” in line with NICE guideline CG156 (Feb 2013).

Patients who meet this definition should have had initial assessment in primary care followed by referral to and assessment by secondary care gynaecology or urology services, as per existing policy. This includes assessment and treatment up to but not including the point of referral to a Reproductive Medicine Unit (RMU) for assisted conception treatment such as IVF, ICSI, IUI, use of donor gametes, & IVF component of surrogacy.

Once it has been determined that assisted conception is the next step in a patient’s care, *and* that they meet the CCG’s eligibility criteria (see HaRD CCG Assisted Conception Commissioning Policy) then the referring clinician may seek prior approval for referral to a RMU for further assessment and management.

If approval is granted by the CCG, then the referring clinician will refer the patient to the appropriate RMU enclosing confirmation of approval.

RMUs should accept referrals of HaRD CCG patients only if confirmation from the CCG that prior approval has been granted is enclosed. The CCG will not fund treatment if prior approval has not been obtained. If there is any uncertainty, RMUs may contact the CCG IFR team on 01904 601063/6010634 for confirmation.

RMUs will receive referrals from two sources:

- Secondary care clinicians in gynaecology or urology (where the patient is currently under their care)
- General practitioners (where patients have been previously evaluated in secondary care and have been assessed as needing assisted conception, it has been agreed with the RMUs at Leeds Teaching Hospitals & South Tees

that they can be referred back directly without being seen in secondary care again first.

In either case the referring clinician is responsible for checking eligibility criteria are met and for obtaining prior approval from the CCG. The RMU is responsible for accepting only referrals that include confirmation of prior approval.

Patients already under RMU care

Where patients are already under the care of a RMU for their fertility problem, have been assessed as needing assisted conception, and meet the CCG's eligibility criteria (including the criteria regarding previous assisted conception treatment indicated later in this document) then the RMU team may seek approval for assisted conception treatment.

In this situation, the RMU clinician will need to apply to the IFR service at the CSU using the form provided (see appendix 3 of the Policy) to obtain prior approval for treatment. The patient leaflet provided (see appendix 11 of the Policy) should be given to the patient explaining this procedure and the next steps. The purpose of the approval request is to establish

- a) that the patient meets the CCG's eligibility criteria, and
- b) whether the CCG's resource limit for the financial year has been reached (in which case, unfortunately approval will be withheld at this stage).

The CCG will accept requests for funding submitted by GPs, secondary care gynaecology & urology clinicians, and reproductive medicine units from 1 August 2014. All referrals received by 5pm on 12 September 2014 will then be considered. If the number of requests received exceeds the resources available, approval will be given in order of the date (earliest to most recent) when recommendation that assisted conception treatment was needed was made by a fertility specialist (gynaecologist, urologist or reproductive medicine clinician), as documented in correspondence to the patients' GP. This is to try to ensure that people who have been affected the longest during the period when assisted conception was not commissioned can receive treatment earlier. No other factors will be taken into account in determining approval.

Referrals received after 12 September 2014 will be considered for approval strictly in the order they are received by the CSU.

Please make sure the approval request form states the date when the specialist looking after the patient recommended assisted conception treatment, which should be clear from the letter sent to the GP at the time.

The CSU will respond to the RMU who, if approval is granted, may initiate treatment according to the CCG policy.

Armed Forces commissioning

Clinicians should note that NHS England commissions assisted conception services for couples where at least one partner is a member of the armed forces registered with a Defence Medical Services primary care practice. Under their interim policy of November 2013, two full cycles of treatment are commissioned where their eligibility criteria are met. Approval should be obtained from NHS England, and details of this policy can be found on the NHS England website:

<http://www.england.nhs.uk/wp-content/uploads/2013/11/N-SC037.pdf>

What if approval is not granted?

1. If the patient does not meet the eligibility criteria, the request for approval will be rejected and the requesting clinician and patient will be informed. In this situation, the only option is to make a request to the Individual Funding Review panel if there grounds to consider the case clinically exceptional. Please take careful note of the IFR policy explanation of how clinical exceptionality is determined:

“In making a case for special consideration in relation to a restricted treatment on grounds of exceptionality, it needs to be demonstrated that the patient is significantly different from the general population of patients with the condition in question *and* the patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition. Only evidence of clinical need will be considered. Factors such as gender, ethnicity, age, lifestyle or other social factors such as employment or parenthood cannot lawfully be taken into account.”
(*HaRD CCG IFR policy*)

In order to manage expectations it is also important to note that the IFR panel has very rarely considered applications to be clinically exceptional.

2. If the patient meets the eligibility criteria, but the CCG has reached the limit of funds available for assisted conception commissioning this financial year, then approval for the treatment will not be given. The requesting clinician and the patient will be informed. A record of all these patients will be kept, including when the request for approval was made. If further resources become available for assisted conception commissioning either during the financial year, or in future years, the referring clinician will be contacted about each patient in turn to check they remain eligible. If they do, their treatment will be approved at that stage. Patients whose treatment has not been approved because the resource limit has been reached can still be referred to the IFR panel by their clinician if they are considered to be clinically exceptional (see above).

It is important that clinicians continue to seek prior approval for eligible patients even once the funding has been exhausted. This will ensure that patients are allocated a place “*in the queue*” for funding as and when it becomes available; and will also provide information to the CCG about levels of demand that will be essential for planning future resources required for assisted conception in the CCG area.

What assisted conception treatment does HaRD CCG commission?

In April 2014, HaRD CCG Governing Body adopted the “Access to Infertility Treatment: Commissioning Policy Yorkshire & Humber” (as agreed regionally in December 2013), **with two variations:**

- Intrauterine Insemination – is commissioned according to NICE guideline CG156 (February 2013) section 1.9.1, rather than the Y&H policy. This means that IUI is commissioned where vaginal intercourse is difficult or not possible (e.g. physical or psychosexual problems, need for sperm washing in HIV infection, same sex relationships). It is *not* commissioned for unexplained or “mild male factor” infertility, or mild endometriosis. Where the RMU clinician believes there is an exceptional clinical reason for using IUI in a situation not covered by the NICE guideline, they may apply to the CCG’s Individual Funding Request panel (see above) for approval.
- Embryo transfer strategy – the CCG commissions assisted conception using the embryo transfer strategy recommended by NICE guideline CG156 section 1.12.6, rather than the Y&H policy of aiming for the HFEA target of 10% multiple births. Where the RMU clinician believes there is an exceptional clinical reason for following a different embryo strategy to that recommended

in the NICE guideline, they may apply to the CCG's Individual Funding Request panel (see above) for approval.

We commission **one full cycle** of treatment, as defined in NICE CG156 and the Y&H policy. **Any previous cycle** whether NHS- or self-funded counts towards this, so if any previous assisted conception treatment has been received, the patient will not be eligible for another cycle under this policy.

Any queries regarding the policy and eligibility should be submitted to:
HARDCCG.Enquiries@nhs.net

Please do not send any patient identifying information (e.g. name, date of birth, NHS number) to this address.