Harrogate and Rural District
Clinical Commissioning Group

HaRD CCG: Assisted Conception Treatment – Secondary Care Clinician Referral Pathway

This document explains the process the CCG has agreed for secondary care consultants (in gynaecology or urology) to follow when referring patients for assisted conception treatment under the commissioning policy agreed by the Governing Body on 3 April 2014.

Patients with fertility problems who have not yet been assessed in secondary care

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 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.

Patients under secondary care follow up who are assessed as needing assisted conception

If patients are under continued follow up by a secondary care team, then it would be most appropriate for referral to the RMU to be initiated by that team.

Where patients are currently under active follow up by secondary care for their fertility problem, have been assessed as needing assisted conception, and meet the CCG's eligibility criteria (see HaRD CCG Assisted Conception Commissioning Policy), including the criteria regarding previous assisted conception treatment indicated later in this document, then the secondary care team may seek approval for referral for assisted conception.

In this situation, the secondary care 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 the referral. 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 resource limit, 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.

The CSU will respond to the secondary care clinician who, if approval is granted, should refer the patient to the appropriate RMU enclosing the confirmation of approval.

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 must 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 referral will be rejected and the referring 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 referral will not be given. The referring clinician and the patient will be informed. A record of all these patients will be kept, including when they were referred. 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 referral will be approved at that stage. Patients whose referral 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 refer 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.

Patients who have previously been assessed in secondary care

Where patients have been previously seen in secondary care, have been assessed as needing assisted conception, and meet the CCG's eligibility criteria it has been agreed with the RMUs at Leeds Teaching Hospitals & South Tees that they can be referred directly to them by the patient's GP without being seen in secondary care again first. In this situation the GP will be responsible for seeking prior approval for referral from the CCG.

We anticipate that it will be clear to the GP from the correspondence from the secondary care gynaecology team whether or not assisted conception is the next step in managing a particular patient. If there is uncertainty, GPs have been advised to submit an Advice & Guidance request to the relevant gynaecologist to confirm whether or not assisted conception is appropriate.

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.