

## **HaRD CCG: Assisted Conception Treatment – GP Referral Pathway**

This document explains the process the CCG has agreed for GPs to follow when referring patients for assisted conception treatment under the commissioning policy agreed by the Governing Body on 3 April 2014 (and revised policy from Aug 2017).

### **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 but have not been assessed in secondary care, should have initial assessment in primary care followed by referral to secondary care gynaecology services, as usual.

### **Patients who have already been assessed in secondary care**

If patients are currently under active follow up by secondary care for their fertility problem, then it would be most appropriate for referral to the Reproductive Medicine Unit (RMU) to be initiated by the secondary care team. If necessary, an Advice & Guidance request can be sent to their consultant via Choose & Book asking whether referral is appropriate.

Where patients have been previously seen in secondary care, 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, it has been agreed with the RMUs at Leeds Teaching Hospitals & South Tees that they can be referred directly to them without being seen in secondary care again first.

In this situation, the GP 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 not be granted)

**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 funding 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, which should be clear from the letter sent to the GP at the time.

The CSU will respond to the GP and if approval is granted, the GP should refer the patient to the relevant RMU enclosing the confirmation of approval, and recent relevant correspondence from the gynaecology team. For referrals to Leeds Teaching Hospitals, a completed copy of the Leeds referral pro-forma (see appendix 7 of the Policy) should be enclosed and the investigations listed there should be repeated if they were done more than six months before the referral. For referrals to South Tees, please ensure the gynaecology correspondence giving results of investigations performed is enclosed, and the RMU will contact the GP if any investigations need repeating.

It should be clear from the correspondence from the secondary care gynaecology team whether or not assisted conception is the next step in managing a patient. If there is uncertainty, an Advice & Guidance request should be submitted, asking the relevant gynaecologist to confirm whether or not referral for assisted conception is indicated.

Please note that providers other than Leeds Teaching Hospitals and South Tees may not necessarily accept referrals direct from GPs; it may be worth contacting the provider about this before making a referral if the patient wishes to use a different provider. This need not delay submitting the prior approval request however, which the GP can still make.

### **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. Referral should be made by the DMS practice. 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 treatment 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 funds 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.**

### What assisted conception treatment does HaRD CCG commission?

From August 2017, HaRD CCG Governing Body has adopted the “Access to Infertility Treatment: Commissioning Policy Yorkshire & Humber” (updated 2017), with one variation:

- ‘6.6        Smoking status of couples



Harrogate and Rural District  
Clinical Commissioning Group

Couples should be both non-smokers at the time of referral to tertiary services. Patients and their partners who smoke should be referred to smoking cessation services and have been a non-smoker for at least 4 weeks (although longer is preferable)

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](mailto:HARDCCG.Enquiries@nhs.net).

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