Agenda Item No: **5**

Health Scrutiny Panel

6 February 2014

Report title	Infertility Policy Review – Wolverhampton Clinical Commissioning Group	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director	Richard Young, Director of Strategy and Solutions	
Originating service	Wolverhampton Clinical Commissioning Group	
Accountable person	Clare Barratt Tel Email	Commissioning Development Manager 01902 444616 Clare.Barratt@nhs.net
Report to be/has been considered by	Wolverhampton Clinical Commissioning Group Commissioning Committee	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Comment and support the infertility policy engagement exercise being undertaken by Wolverhampton Clinical Commissioning Group in order to consult with the stakeholders including the public, about the proposal.

2. Comment and provide feedback on the proposals aimed at harmonising the infertility policy across Birmingham, Solihull and the Black Country Region.

1.0 Purpose

1.1 The purpose of this report is to brief the Health Scrutiny Panel on plans to harmonise Wolverhampton Clinical Commissioning Groups (CCG) infertility policy and the associated engagement plan to consult with the public about the proposed changes.

1.2 The overall aim of the harmonisation proposal is to ensure that the policy for infertility treatment across Birmingham, Solihull and the Black Country is fair, transparent, and resolves the current geographical inequity associated with this treatment.

2.0 Background

2.1 In 2011/12 Wolverhampton City Primary Care Trust (PCT) undertook a review of its policy for infertility services and a full stakeholder consultation was undertaken. The Panel supported the PCT by giving advice on the consultation plan and were also consulted as part of the process. The resultant policy has been in operation since April 2012. Whilst the majority of Clinical Commissioning Groups (CCGs) in the region have comparable policies in operation, they are not fully consistent and therefore contribute to geographical inequity.

2.2 Opportunities for collaborative working across Clinical Commissioning Groups (CCG) have been strengthened through the NHS reforms and a programme of policy harmonisation has been accepted by Clinical Commissioning Groups across Birmingham and the Black Country. In light of this opportunity, and the timeliness of a policy review, CCGs across Birmingham, Solihull and the Black Country have committed to harmonising their respective infertility policies.

2.3 A working group was established with the objective of developing a harmonised infertility policy. The group consists of representatives from seven CCGs across Birmingham, Solihull and the Black Country and is chaired by a clinician. Participating CCGs include Birmingham CrossCity, Birmingham South Central, Solihull, Walsall, Sandwell and West Birmingham, Dudley and Wolverhampton. The process involved a review of existing policies, identification of legal obligations arising from the Equality Act 2010 and also provided an opportunity to consider recommendations from the National Institute for Health & Care Excellence (NICE) published in February 2013.

3.0 Proposal

3.1 During development of the policy proposal there has been engagement with and feedback from Equality and Diversity leads, Quality leads and GP Clinical Leads; comments received from all CCGs have been discussed by the working group and the available evidence considered.

3.2 The policy proposal has been considered by Wolverhampton CCG and whilst the degree of change is relatively minor for patients in Wolverhampton, engagement with our stakeholders, including patients and the public will be undertaken. Wolverhampton CCG is committed to involving local people in the development of services/policies for the City.

3.3 The engagement period commenced on the 3 February 2014 and will close on the 14 March 2014; the CCG will take advantage of all engagement opportunities whilst also providing additional opportunities to engage. The engagement plan is as follows:

Engagement Details	**Supporting Information**
Electronic Distribution via: - Wolverhampton Local Authority (Including Children's Centres) - Royal Wolverhampton NHS Trust - Infertility Service Providers - GP Practices/ Pharmacies - Healthwatch - Local Neighbourhood Partnerships - WCCG Engagement Database (236 members) - Clinician Allied Professional Forum - Patient Participation Group meetings - Joint Engagement Assurance Group - GP Practice Partnership - Patient and Public Partnership - GP members meetings - three localities - Practice Managers Forum	A poster has been produced to promote the engagement exercise including details of how to access the survey, an invitation to the engagement event and contact details for further information/discussion. A number of surveys will be printed in booklets and distributed across targeted locations, to include GP practices.
Pop Up Shop Sessions	28 February 2014 & 1 March 2014, Wolverhampton City Centre
Engagement Event	To be held on: 5 March 2014, 5-7:00pm, Village Urban Resorts, Tempus Drive, Tempus Ten, Walsall, WS2 8TJ

3.3 The online survey and details of the engagement event can be found on the CCG Website at http://www.wolverhamptonccg.nhs.uk/.

3.4 Noting that the degree of change is relatively minor for our patients, a summary of the policy proposal compared with the existing policy is provided at Appendix 1. The principle of the policy is to ensure that the maximum number of patients are given the opportunity to receive infertility treatment and that those patients will be in the optimum condition to conceive and thus most likely to be successful. The key policy variances relate to the inclusion of same sex women and single women in line with the Equality Act 2010, changes to the female age criterion to prevent delays in treatment for specific cohorts of women and finally the consideration of a male age criterion.

4.0 Financial implications

4.1 Wolverhampton CCG is committed to maintaining the financial investment in infertility services for Wolverhampton patients.

5.0 Legal implications

5.1 Wolverhampton CCG is responsible for commissioning healthcare service for the population it serves and consulting with patients and the public regarding healthcare decisions.

6.0 Equalities implications

6.1 Early consideration of existing policies by the working group highlighted inconsistencies with regards to adherence to the Equality Act 2010. An Equality Impact Assessment has been undertaken and advice has been sought from Equality and Diversity leads; recommendations have been used to ensure the policy proposed fully adheres to the Equality Act 2010.

7.0 Schedule of background papers

- Health Scrutiny Panel (19.12.13) - Briefing paper to Birmingham, Solihull & Black Country CCGs and OSC – Proposed changes to In Vitro Fertilisation policy

- Health Scrutiny Panel (02.02.12) Development of a Policy for Assisted Conception

Appendix 1

Wolverhampton Existing Policy	**Wolverhampton Policy Proposal** **(In collaboration with Birmingham, Solihull & Black Country CCGs)**	**Rationale**
Defining Infertility:		
The failure to conceive after regular, every 2-3 days, unprotected sexual vaginal intercourse for 2 years in the absence of known reproductive pathology. Further clinical investigation should be undertaken after 1 year and where the cause of infertility is known, treatment should not be delayed.	Retain with the addition of: For people unable to conceive through unprotected sexual vaginal intercourse, for example women in same sex relationships or single women, infertility will be indicated following a failure to conceive after 6 cycles of self-funded donor insemination undertaken at a HFEA registered clinic.	Compliance with the Equality Act 2010 and recommendations from NICE. Where sub/infertility is not a known issue, intrauterine insemination is as successful as trying to conceive naturally.
Cycles Commissioned:		
1 cycle of In Vitro Fertilisation (IVF) or Intra-Cytoplasmic Sperm Injection (ICSI)	No change	Resource Allocation: to be able to provide an equitable service across as many eligible couples as possible.
Donor Egg/ Sperm Procedures:		
The commissioner will fund donor sperm procedures where the male partner has Azoospermia[1] or Oligospermia[2].	No change	Support the completion of a treatment cycle and provide the optimum opportunity for conception.

[1] Azoospermia is the medical condition of a man not having any measurable level of sperm in his semen.
[2] Oligospermia is a male fertility issue defined as a low sperm concentration in the ejaculate or low sperm count

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The commissioner will fund donor egg procedures for women who have undergone premature ovarian failure.		
Responsible PCT:		
The couple must be registered with a WCPCT/WCCG GP or, if unregistered, be a Wolverhampton permanent resident.	No change	Establishing the responsible commissioner guidance.
Childlessness:		
The couple, both the male and female partner, must have no living children of any age, including adopted children, from either the present or a previous relationship.	No change	Resource Allocation: The priority of infertility treatment for childless couples.
Previous Infertility Treatment:		
Couples who have undergone any previous treatment cycles, either NHS or privately funded, will be ineligible for further NHS funding.	No change	The ability of the commissioner to provider assisted conception services to the optimal number of couples.
Sterilisation:		
Fertility treatment will not be available if the sub-fertility is a result of a sterilisation procedure.	No change	Sterilisation is offered within the NHS as an irreversible method of contraception. Protocols for sterilisation include counselling and advice that NHS funding will not be available for reversal of the

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		procedure or any fertility treatment consequent on this.
Age of the Female Partner:		
The age of the female partner at the time of treatment must be between 23<39 years old. Referrals to the assisted conception service must be made before the females 39th birthday to ensure relevant investigations can be completed, and treatment commenced prior to the females 40th birthday.	Retain with removal of the lower age limit and the addition of: If, following investigation, infertility is clinically identified with a known cause, in a female from the age of 20 years old - NHS infertility treatment should be offered without delay. If, following investigation, infertility is not known, and the female is aged 36<39 years – NHS infertility treatment should be offered without delay.	A reduction in treatment success with increasing maternal age is evident as are increased maternal and child complication rates. Whilst NICE recommend an extension of the female age to 42 where specific criteria are met, the success rates for this cohort of patients is relatively low. Live birth rates reduce from 27% on average for women aged 18–39, to 13% for women aged 40-42 [Human Fertilisation & Embryology Authority (HFEA) 2011]
Age of the Male Partner:		
None	The inclusion of a male age criterion is to be discussed and informed by the consultation. The proposal is for the age of the male partner at the time of treatment to be less than 55 years.	Both female fertility and (to a lesser extent) male fertility decline with age [NICE 2013]. HFEA regulations enable men to donate sperm to assist infertile people and recommend that sperm donors should be aged under 41 years; the possible effect of a donor's age on

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		considered on a case by case basis.
Body Mass Index:		
The female partner must have a BMI >19 and <30 kg/m² at the time of referral and commencement of treatment. The male partner must have a BMI <30kg/m² at the time of referral and commencement of treatment. Clinical discretion applies regarding application of the lower BMI limit. Couples must be informed of this criterion at the earliest opportunity and offered the support of local NHS services to optimise their BMI.	No change	Consistent with NICE Recommendations. Female body mass index of >30 and <19 kg/m² is likely to reduce the success of assisted reproduction procedures. Men who have a body mass index of more than 30kg/m² are likely to have reduced fertility.
Smoking Status:		
Only non-smoking couples will be eligible for fertility treatment; smoking must have ceased by both partners three months prior to referral to the assisted conception service.	No change	Maternal and paternal smoking can adversely affect the success infertility treatment and smoking during the antenatal period can lead to increased risk of adverse pregnancy outcomes.