FERTILITY SERVICE POLICY

Please note that all Clinical Commissioning policies are currently under review and elements within the individual policies may have been replaced by the pan Lancashire Clinical Commissioning Policies listed on the webpage. Please ensure that relevant pan Lancashire Clinical Commissioning Policies are read in conjunction with this Clinical Commissioning Group Policy.

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<th>REFERENCE NUMBER</th>
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<tr>
<td>APPROVING COMMITTEE(S) AND DATE</td>
<td>Governance Committee</td>
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<tr>
<td>AUTHOR(S) / FURTHER INFORMATION</td>
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<td>THIS DOCUMENT REPLACES</td>
<td>Previous Policies for the predecessor organisations – Chorley &amp; South Ribble, Preston and West Lancashire PCT’s</td>
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<tr>
<td>REVIEW DUE DATE</td>
<td>July 2016</td>
</tr>
<tr>
<td>RATIFICATION DATE/DRAFT No</td>
<td>November 2008</td>
</tr>
<tr>
<td>VALIDATION SIGNATURE</td>
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Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) they can do so by contacting the communications department or the relevant policy holder. West Lancashire Clinical Commissioning Group will do its utmost to support and develop equitable access to all policies.

Managers are responsible for ensuring staff within their area of responsibility are aware of West Lancashire Clinical Commissioning Group policies and that staff adhere to them.

Managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policy changes.

Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on the West Lancashire Clinical Commissioning Group website, and seek out every opportunity to keep up to date with West Lancashire Clinical Commissioning Group policies.

Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their practice are aware of West Lancashire Clinical Commissioning Group policies.

This policy is individual to West Lancashire Clinical Commissioning Group. West Lancashire Clinical Commissioning Group does not accept any liability to any third party that adopts or amends this policy.
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1. INTRODUCTION

This is the policy of West Lancashire Clinical Commissioning Group to commission fertility services. The provision of fertility services on the NHS guided by NICE guidance: Clinical Guidance 11 (2004).

This policy is written in recognition of service agreements that exist for the provision of fertility services and describes eligibility criteria for these procedures. Patients may satisfy the criteria, or may be confirmed as exceptions by West Lancashire Clinical Commissioning Group on an individual patient basis.

1.1 Scope

This policy covers the commissioning of services for those who request fertility treatment for both male and female patients. Exceptional circumstances are considered when funding requests are received.

This policy applies to patients who are registered with a Central Lancashire General Practitioner.

1.2 Principles

The principles that underpin this policy include the need for West Lancashire Clinical Commissioning Group to commission interventions that are evidence-based, based on need and equitably accessible.

The principles are outlined in more detail in a separate policy entitled: ‘The Ethical Framework Policy for commissioning individual patient funding requests’.

1.3 Exceptionality

The Panel will consider the exceptionality of the case when considering funding requests. For the purposes of the policy, exceptionality is taken to mean that the patient is different in their needs compared to other patients with a similar condition requiring an intervention.

2. THE FERTILITY SERVICE POLICY

2.1 Context

Infertility is defined as failure to conceive after regular unprotected sexual intercourse for 2 years in the absence of known reproductive pathology. It is estimated that one in seven UK couples have difficulty conceiving - approximately 3.5 million people. It is the commonest reason for women aged 20-45 to see their GP, after pregnancy itself.
Though the majority of these will become pregnant naturally given time, a significant minority will not

### 2.2 Factors for consideration

Funding for sub-fertility treatment will be available if a couple does not have a living child from their relationship nor any previous relationship. A child adopted by either partner, or adopted by either partner in a previous relationship, is considered to have the same status as a biological child. Persons who have given up a child for adoption are considered childless because they do not have parental responsibility. However the circumstances of such adoptions will need to be determined in order to exclude any child protection issues.

Very rarely, those who would not be eligible for treatment because they do not meet this criterion may, because of their personal circumstances, receive NHS-funded treatment. This would take place after consideration of those circumstances within the procedure the West Lancashire Clinical Commissioning Group has for funding exceptional cases. If such circumstances are thought to exist, the patient or their clinician should contact West Lancashire Clinical Commissioning Group to discuss how an application might be made.

The consideration of these factors will however not prevent access to the service in the following circumstances:

- The primary treatment of conditions found during investigation (e.g. ablation of endometrial tissue found at laparoscopy).
- Changes to treatment regimes of pre-existing pathological conditions that reduce fertility, in order to maximise existing fertility.
- The use of assisted conception techniques for reasons other than to treat sub-fertility (for example, as part of a screening process to exclude inherited abnormalities, as in pre-implantation genetic diagnosis).

There is no restriction on access to investigations for fertility problems.

#### 2.2.1 People not in Partnerships and for Same Sex Couples

Funding will be available for sub-fertility treatment for individuals not in a partnership or same-sex couples as long as sub-fertility is proven. In these people sub-fertility can be defined as no live birth following insemination at or just before the known time of ovulation on at least 10 non-stimulated cycles or six cycles of clinically delivered insemination or a fertility problem proven during investigation.

In the case of same-sex couples in which only one partner is sub-fertile, clinicians should discuss the possibility of the other partner becoming the biological parent before carrying out interventions involving the sub-fertile partner. In circumstances in which individuals
or those in a same-sex partnership are eligible for sub-fertility treatments, the other conditions for eligibility for sub-fertility treatments will apply as well. Individuals and same-sex couples should have access to experts in reproductive medicine for advice on the options available to them to allow them to make an informed choice on those options.

2.3.1 Inclusion criteria

Treatment for sub-fertility will be funded for those that have been attempting to conceive for at least 24 months. This criterion does not apply in circumstances in which there is a diagnosed condition or congenital abnormality that would make natural conception impossible or extremely unlikely, or if there is other relevant clinical information.

Funding will be provided for cycles of In-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) or Intrauterine Insemination (IUI) including Donor Insemination (DI) if the cycle will begin before the female partner has reached the age of 40 and the indications stated in NICE guidance are present, because the evidence indicates that treatment effectiveness is considerably reduced after the age of 40.

Specifically, couples with mild male factor fertility problems, unexplained fertility problems or minimal to mild endometriosis will be offered up to six cycles of intra-uterine insemination while couples in whom the woman is aged 23–39 years at the time of treatment and who have an identified cause for their fertility problems (such as azoospermia or bilateral tubal occlusion) or who have infertility of at least 3 years’ duration will be offered up to two stimulated cycles of in vitro fertilisation treatment (NICE, 2004).

2.3.2 Exclusion criteria

West Lancashire Clinical Commissioning Group funding will not be routinely available for:

- Surrogacy
- Fertility treatment of fertile women who are not in a partnership
- Sterilisation reversal and subsequent fertility treatment

2.4 Details of the fertility treatment

The treatment will include:

- Investigations for fertility problems
- Medical and surgical management of male factor fertility problems
- Medical and surgical management of female factor problems (e.g. Tubal and uterine surgery, ovulation induction)
- Intra-uterine and Donor insemination
Medical management will be funded for all couples with the relevant indications for such treatments. The number of cycles that may be given should keep to current clinical guidance for the agent to be used. The requirement for follicular tracking during ovulation stimulation means that this treatment should not be undertaken in primary care settings unless there are formal shared care arrangements in place.

3. IMPLEMENTATION
Line Managers will ensure that all staff involved in processing commissioning requests in Public Health, Health Standards and Commissioning Directorates will follow the policy.

This policy will be available to all General Practitioners and service providers.

The policy will be available to the public from the West Lancashire Clinical Commissioning Group website.

Any breaches to this policy will be monitored through the Commissioning Appeals Process and reported to the Governance Committee.

4. REFERENCE DOCUMENTS


5. GLOSSARY
Not required.