

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

GOVERNING BODY MEETING



Vale of York
Clinical Commissioning Group

Meeting Date: 4 April 2013

Report Sponsor:

Mark Hayes
Chief Clinical Officer

Report Author:

North Yorkshire and Humber
Commissioning Support Unit.

1. Title of Paper: Commissioning In Vitro Fertilisation Services

2. Strategic Objectives supported by this paper

1. Reduce health inequalities
2. Improve the quality and safety of commissioned services
3. Improve efficiency
4. Achieve financial balance

3. Executive Summary

This report provides the Board with an opportunity to confirm the commissioning position of the Vale of York Clinical Commissioning Group with respect to In Vitro Fertilisation Services.

Two commissioning alternatives are presented for consideration:

- Commissioning policy for NHS NYY (up to March 31 2013)
http://www.nypct.nhs.uk/Directorates/MedicalPrimaryCare/ClinicalEffectiveness/Threshold/3_fertility.htm
- and
- NICE Clinical Guideline CG 156 (20 February 2013). This is an update on the February 2004 Clinical Guideline.
<http://www.nice.org.uk/nicemedia/live/14078/62769/62769.pdf>

<p>4. Evidence Base The National NICE Clinical Guidelines are developed to secure consistent, high quality, evidence based care for patients.</p>
<p>5. Risks relating to proposals in this paper</p> <p>Whilst a National Institute for Health and Clinical Excellence Guideline is considered to be 'guidance' and not mandatory, commissioners of services will need to be clear how and why their commissioning policies do not adhere to these guidelines (if this is the case).</p> <p>Any potential financial risks are dependent on the commissioning position of the local commissioner.</p>
<p>6. Summary of any finance / resource implications</p> <p>A financial/ resource assessment would need to be undertaken subsequent to any changes in current commissioning policies.</p>
<p>7. Any statutory / regulatory / legal / NHS Constitution implications</p> <p>From 1 April 2013, Clinical Commissioning Groups will have responsibility for the commissioning of infertility services, including In Vitro Fertilisation.</p>
<p>8. Equality Impact Assessment</p> <p>The Equalities Act (effective from 1 October 2012) prohibits discrimination based on age in the commissioning of services. This means that any age-related criteria must be founded on clinical reasoning.</p> <p>The Vale of York Clinical Commissioning Group is advised to undertake a full equality impact assessment on their policy decision.</p>
<p>9. Any related work with stakeholders or communications plan</p> <p>N/A</p>

10. Recommendations / Action Required

The NHS Commissioning Fertility Services Factsheet recommends:

'Clinical Commissioning Groups will wish to assure themselves that any age-related criteria are founded on clinical reasoning and should consider early review of the fertility policies where these do not comply with NICE guidelines.

11. Assurance

N/A

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Commissioning Fertility Services In Vitro Fertilisation

1. Background

The Specialist Commissioning Group Sub Fertility Policy (23 September 2011) offered up to three cycles of IVF treatment for couples where the woman is aged 23 – 39 and who has an identified cause for infertility or who have infertility of at least two years duration.

Whilst this joint policy was in place, each commissioner (PCT) was allowed to make its own commissioning decision against the policy. Not all commissioners routinely offered up to three cycles.

Until 31 March 2013, the Primary Care Trust did not routinely commission assisted conception services – including In Vitro Fertilisation services. However, patients were still able to have clinical investigations up to the point of referral to a Reproductive Medicine Unit.

2. National Institute for Health and Clinical Excellence (NICE)

NICE issued updated Clinical Guidelines (Fertility) in February 2013 (NICE Clinical Guideline 156). Alongside this guideline, the NHS Commissioning Board has produced a Commissioning Fertility Services Fact Sheet (see attached).

Key changes included:

- The effectiveness of different embryo/ blastocyst transfer strategies.
- The long-term safety of ovulation induction and ovarian stimulation strategies and effectiveness of ovulation induction in women with ovulation disorders.
- The effectiveness of Intrauterine Insemination.
- The effectiveness of cryopreservation.
- The effectiveness of safety and sperm washing.
- The effectiveness of various ovarian stimulation strategies
- The definition of infertility in practice and when to offer further clinical assessment and investigation.
- The definition of a full cycle of IVF.
- The number of cycles to offer women below the age of 40 and between 40 and 42.

As the fact sheet points out, 'Clinical Commissioning Groups will wish to assure themselves that any age-related criteria are founded on clinical reasoning and should consider early review of the fertility policies where these do not comply with NICE guidelines.

With respect to IVF, the guideline makes the following recommendations:

- In women aged under 40 who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination...offer 3 full cycles of IVF...If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.
- In women aged 40-42 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination...offer one full cycle of IVF...providing the following three criteria are fulfilled:
 - (i) They have never previously had IVF treatment.
 - (ii) There is no evidence of low ovarian reserve.
 - (iii) There has been a discussion of the additional implications of IVF and pregnancy at this age.

3. Recommendation

In line with the Commissioning Fertility Services factsheet (April 2013) the Governing Body is requested to:

'...assure themselves that any age-related criteria are founded on clinical reasoning and should consider early review of the fertility policies where these do not comply with NICE guidelines.'