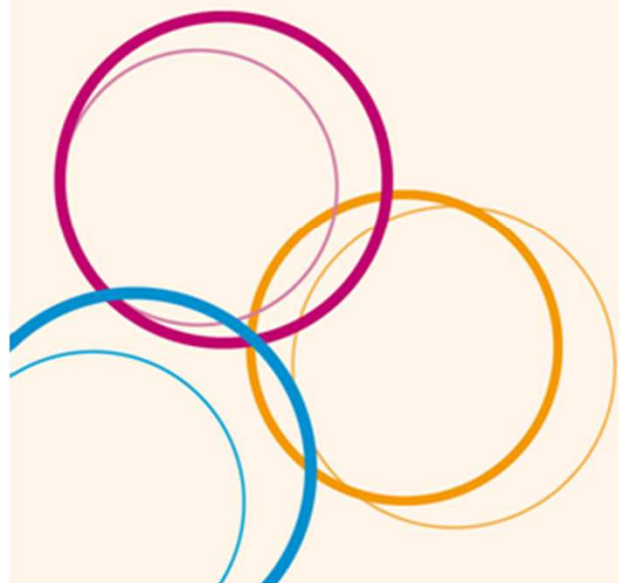


Feedback on Public Engagement Meetings

East London and the City – Assisted Conception Policy

Anna Stewart – Associate Director, Technical Contracting



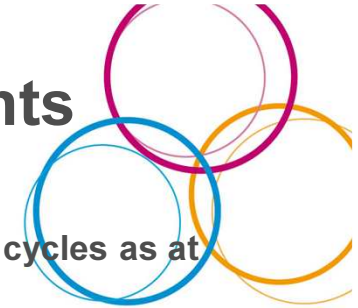


Engagement undertaken

- Following discussion with the four LINKs in East London and the City about the proposed changes, they advised us to hold two seminars to discuss in more detail and test out views on potential changes to our Assisted Conception policy
- Two seminars were held in October – one in Newham and one in the City – which all four LINKs were asked to publicise to their members. PALS teams at both BLT and the Homerton which provide assisted conception services in ELC were asked to publicise the events within the trusts.
- The seminars were attended by the public health consultant who had led the development of the policy, AD within PCP as the lead commissioner for the work, and a consultant from either HUH or BLT, they were supported by the ELC engagement team.
- The Newham session was well attended, with a diverse group of just under ten consultees present, the City session was attended the LINK chair for the City.
- Overall there was a good understanding in both groups of the difficult choices needed to balance cost and efficacy for individuals. The debate was around where these lines should be drawn.
- Both events were positive engagement sessions and can be drawn on a model for future discussions.



Overview of feedback from the engagement events



Cycle number

Proposed change: fund two fresh locally defined cycles (rather than three locally defined cycles as at present), self-funded cycles would be reflected in the number of NHS cycles funded

Contentious in the City: the consultee wanted to move to three NICE defined cycles across the board.

Newham understood our need to make hard choices and on balance supported both recommendations

Cycle number per person or per couple

This came up in discussion and had not been made explicit in the policy. Both City and Newham argued it should be per couple which would potentially make an individual eligible for more than 2 cycles with different partners, though infertility specialists considered that this situation would be rare. Recommend that this is reflected in the policy.

Single women

Proposed change: to explicitly include single women and same sex couples if infertility could be demonstrated.

Both engagement events agreed we needed specifically to include them. Newham raised the issue of whether they should be given choice to freeze oocytes rather than embryos but agreed that patient choice had its limits and 'banking' frozen oocytes should not be funded except where the woman faced imminent treatment for cancer.

BMI

Proposed change: ensure the woman can demonstrate she is stable at the BMI range in the guidance for six months before treatment.

Change agreed as non-contentious

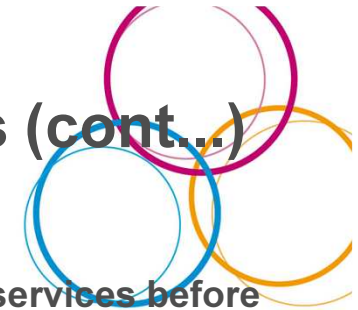
Age of male partner

Proposed change: to introduce an upper age limit for the male partner of 55 years

This was a point of significant discussion: in Newham of those who felt strongly the view was roughly split half and half. The City consultee was against the recommendation



Overview of feedback from the engagement events (cont...)



Parental smoking

Proposed change: to recommend that both partners have accessed stop smoking services before treatment.

This was supported by both groups

Surrogacy

Proposed change: to make explicit in the policy that IVF with a view to surrogacy would not be funded

This generated debate in both groups: overall Newham considered the recommendation reasonable; the argument was made in City that this should be funded on the grounds that it constituted preferential treatment for disadvantaged groups provided there was no risk of legal liability to NHS ELC.

Infertility specialists additionally noted that shortage of surrogates in the UK meant that there could be significant applications for treatment within the EU as a result, and this may raise even more issues around 'expenses' and legal liability

Inclusion of surgical sperm retrieval

Proposed change: this is an anomaly in the current policy and proposed that this is included in standard funded

This was universally supported

Duration of unexplained fertility

In discussion at City it was noted that NICE actually recommended duration 12 months for women 35+ and 24 months for younger women. This seems sensible and our recommendation is that the policy is changed to reflect this