

## Lancashire and South Cumbria Clinical Commissioning Groups Commissioning Policy Reviews

<b>Assisted Conception Public Engagement Outcomes</b>			
<b>When the public engagement took place</b>	Start date	End date	Duration
	15 January 2018	6 April 2018	12 weeks
<b>Number of survey respondents – electronic or on paper</b>	<b>Total</b>	<b>By gender</b>	<b>By disability</b>
	<b>696</b>	Female: 86% Male:13% Prefer not to say: 1%	No disability: 91.5% Disability: 5.5% Prefer not to say: 3%
	<b>By sexual orientation</b>	<b>By ethnicity</b>	
	Heterosexual: 93% Gay/Lesbian: 2.5% Bisexual: 1.5% Prefer not to say: 3%	White British: 93% Asian ethnicity: 1.5% Other: 1.2%	Mixed ethnicity: 1% Black ethnicity: 0.14% Prefer not to say: 3%
<b>Number of people seen face-to-face</b>	At dedicated focus group sessions and existing meetings and events		
	26		
<b>Survey question response rates from patients and members of the public</b>	Over 95% felt NHS should fund fertility treatments	79% of respondents disagreed with reducing the number of IVF cycles to 1	53% agreed with the lower age limit of 18 years and the upper age limit of 42 years
	61% of respondents disagreed that only patients/couples with no living or adopted children could receive treatment		46% disagreed with the storage limit of 2 years for embryos/gametes
<b>Key issues/themes raised by patients and members of the public</b>	Concerns were expressed about reducing the number of IVF cycles/units to one as it was against NICE guidance; because it does not allow issues found in the first cycle to be resolved; and it penalises those unable to afford private care.		
	The lower age limit of 18 is too young to cope with the pressures of going through IVF and the upper age limit of 42 is out of step with current trends for having families later in life		
	The 2-year time limit on the storage of embryos/gametes is not long enough for people to recover from the physical and mental pressures of going through IVF		
	The criteria regarding having no living or adopted children in this or any other relationship does not take into account a broad range of personal circumstances that makes this very unfair		
	Concern around the equality of the policy for same sex couples and the transgender community		

<b>Responses to key issues/themes raised during public engagement</b>	NICE states the first cycle is more likely to succeed and therefore the most cost-effective; the reduction in cycles/units is being done on the grounds of cost-effectiveness and affordability
	18 is the legal age of adulthood – any other age would be subjective; the higher age limit is part of the overall effectiveness of the process identified by NICE
	Specialist centres (IVF clinics) indicated that a 2-year period is generally enough to allow the transfer of all embryos
	To add in any additional measures on the issue around childlessness risks introducing inequity and would be a values judgement
	Accepted that clarity was required regarding the issues around same sex couples and transgender
<b>Key changes to the policy following public engagement (if applicable)</b>	The storage of gametes for up to 10 years was widened to include people having treatment for gender dysphoria
	The access criteria for the use of donor gametes was simplified and made more equitable for people from different sexual orientations
	The definition of clinical infertility and unexplained infertility was added to the definitions section of the policy.
<b>Policy ratified by Joint Committee of Clinical Commissioning Groups on 1 November 2018</b>	