

Proposed policy for the commissioning of Assisted Conception Services - Survey

Your local NHS Clinical Commissioning Group (CCG) has worked with the other Clinical Commissioning Groups in Lancashire and South Cumbria to update and revise the policy for the commissioning of Assisted Conception Services. The proposed policy identifies the criteria and circumstances when assisted conception services may or may not be provided. If you have not already done so we encourage you to read the proposed policy before completing this survey.

The survey seeks your views on some detailed elements of the policy. When providing your answers, we would be grateful if you could give us your comments when asked, so that we may understand your feedback and use it to consider alterations to the proposed policy. Your feedback and your time are appreciated. This survey will take at least 10 mins to complete.

The information that you provide is completely confidential and anonymous

Q1. Which CCG area do you live in?

NHS Morecambe Bay Clinical Commissioning Group	
NHS East Lancashire Clinical Commissioning Group	
NHS Fylde and Wyre Clinical Commissioning Group	
NHS Greater Preston Clinical Commissioning Group	
NHS Chorley and South Ribble Clinical Commissioning Group	
NHS West Lancashire Clinical Commissioning Group	
NHS Blackburn with Darwen Clinical Commissioning Group	
NHS Blackpool Clinical Commissioning Group	
Other	

Q2. Which of the following best describes your involvement with assisted conception services? (Please choose 1)

I (or my partner) am (is) currently receiving fertility treatment	
I (or my partner) have received fertility treatment	
I (or my partner) would like to receive fertility treatment	
I would like to receive fertility treatment but I am not eligible	
A friend/relative has received fertility treatment or would like to	
I am a medical practitioner	
I represent an organisation or community group	
I represent a provider of fertility services	
I have no fertility issues but would like to share my views	

Q3. Do you agree in principle that it is appropriate for the NHS to use public money allocated for health care to help infertile people to become pregnant?

Yes No

Q4. On a scale of 1 to 5 please indicate how strongly you agree or disagree with each of these statements?

Range from 1 = strongly disagree; 3 = neutral; 5 = strongly agree	1	2	3	4	5
The policy should be consistent across Lancashire					
There are other NHS services which more clearly have a purpose of preserving life or of preventing grave health consequences					
The policy should make services equally accessible to all people experiencing fertility problems, including transgendered and same sex couples					
The purpose of assisted conception services is to enable people who are otherwise clinically unable to do so, to achieve a pregnancy leading to a live birth					
The policy should make sure that NHS resources are focussed on people who have a clinical/medical reason for their infertility					

Q5. Have you read the proposed policy for the commissioning of assisted conception services?

Yes No

Q6. On the grounds of effectiveness and affordability, the proposed policy will offer one treatment unit of assisted conception services where the criteria are met. Please tell us how much you agree or disagree with this proposal (Section 8 of the policy)

- | | |
|---|--|
| <input type="checkbox"/> I strongly agree | <input type="checkbox"/> I tend to agree |
| <input type="checkbox"/> I tend to disagree | <input type="checkbox"/> I strongly disagree |
| <input type="checkbox"/> I neither agree nor disagree | |

If you disagree please tell us why?

<p>Q7. The proposed policy seeks to define a treatment unit as follows (Section 8.2): A treatment unit is defined as EITHER: A – Up to six separate attempts at IUI each in a different menstrual cycle; OR B – One programme of IVF treatment comprising some or all of:</p> <ul style="list-style-type: none"> • Ovarian stimulation • Induction of ovulation • Harvesting of eggs • Harvesting of semen • Storage of eggs and/or semen in accordance with section 8.8 • Fertilisation of eggs for immediate transfer or donation. • Transfer of any resultant fresh and frozen embryo(s) <p>Do you support the draft policy in this respect?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Q8. The proposed policy identifies both lower (18 years) and upper (less than 42) age limits for the female partner. Please tell us how much you agree or disagree with this proposal (Section 8.1.4 of the policy)</p>	
<input type="checkbox"/> I strongly agree with both age limits	<input type="checkbox"/> I tend to agree with both age limits
<input type="checkbox"/> I strongly agree with one of the limits	<input type="checkbox"/> I tend to agree with one of the limits
<input type="checkbox"/> I tend to disagree with both age limits	<input type="checkbox"/> I strongly disagree with both age limits
<input type="checkbox"/> I neither agree nor disagree	

<p>If you disagree or wish to elaborate on your answer, please do so.</p>
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<p>Q9. The proposed policy considers the TOTAL number of treatment units the patient has had and not just the number of NHS funded treatment units, when considering their eligibility for funding. Do you support the proposed policy in this respect?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Q10. The proposed policy indicates the CCG will only commission one treatment unit if the patient/s are in an eligible family structure and have no living biological or adopted children from the current or any previous relationship. Please tell us how much you agree or disagree with this proposal (Section 8.1.2 of the policy)</p>	
<input type="checkbox"/> I strongly agree	<input type="checkbox"/> I tend to agree
<input type="checkbox"/> I tend to disagree	<input type="checkbox"/> I strongly disagree
<input type="checkbox"/> I neither agree nor disagree	

If you disagree or wish to elaborate on your answer, please do so.

Q11. There are several lifestyle factors that impact upon the success of assisted conception services. These are around body mass index of the female partner (range of 19-30) and that both partners, where this is applicable are non-smokers and remain so throughout the treatment (and for the female) throughout any resulting pregnancy. Do you support the proposed policy in this respect?

Yes

No

Q12. On a scale of 1 to 5 please indicate how strongly you agree or disagree with each of the following statements regarding the involvement of third parties?

Range from 1 = strongly disagree; 3 = neutral; 5 = strongly agree	1	2	3	4	5
The policy indicates the CCG will not commission any assisted conception services that lead to surrogacy (see Section 8.8)					
In circumstances when one partner is completely unable to produce gametes (eggs/sperm), then the service may be funded using donated gametes					
That assisted conception funding will not be offered to a couple in which neither partner can produce either eggs or sperm because neither partner can participate biologically in the conception					

If you have any further comments to make regarding third party involvement, please make them below.

Q13. The policy indicates that funding for freezing and storage of embryos or gametes (eggs/sperm) will continue until one of the following occurs: they have been in storage for 2 years; the couple now have a living child who has reached the age of one year; the female partner dies.	Yes	No	Not sure
Do you agree with the time limit of 2 years?			
Do you agree storage ceases when a living child reaches the age of one year?			

If you answer no to any of the above, please explain your reasons and/or alternatives.

Q14. If you have any further comments, suggestions or alternatives on this draft assisted conception policy please make these below.

About You

Q15. Your age

<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44	<input type="checkbox"/> 45 - 54
<input type="checkbox"/> 55 – 64	<input type="checkbox"/> 65 - 74	<input type="checkbox"/> 75 - 84	<input type="checkbox"/> 85 or over	<input type="checkbox"/> Prefer not to say

Q16. How would you describe your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say			

Q17. Is this the same gender you were given at birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Q18. What best describes your marital situation?			
<input type="checkbox"/> Married	<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Single	<input type="checkbox"/> Prefer not to say

Q19. Please choose the category that best describes your level of disability	
<input type="checkbox"/> No disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Multiple impairments
<input type="checkbox"/> Prefer not to say	

Q20. What is your sexual orientation?	
<input type="checkbox"/> Heterosexual/straight (attracted to the opposite sex)	<input type="checkbox"/> Gay/lesbian (attracted to the same sex)
<input type="checkbox"/> Bisexual (attracted to both sexes)	<input type="checkbox"/> Prefer not to say

Q21. What is your religion/belief?			
<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist	<input type="checkbox"/> No religion/belief	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify)			

Q.22. Your ethnic group

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish
<input type="checkbox"/> East European	<input type="checkbox"/> Gypsy/Roma/Traveller
<input type="checkbox"/> White other	<input type="checkbox"/> Mixed White/Black African
<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> Mixed White/Asian
<input type="checkbox"/> Mixed other	<input type="checkbox"/> Asian or Asian British – Indian
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Asian or Asian British – Bangladeshi
<input type="checkbox"/> Asian or Asian British – other	<input type="checkbox"/> Black or Black British – Caribbean
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Black or Black British – other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Prefer not to say	

**Please return completed survey questionnaires to:
Midlands and Lancashire Commissioning Support Unit, Jubilee House,
Centurion Way, Leyland, Lancs. PR26 6TR**

**Thank you for taking the time to fill in this questionnaire.
Your views will help improve services.**