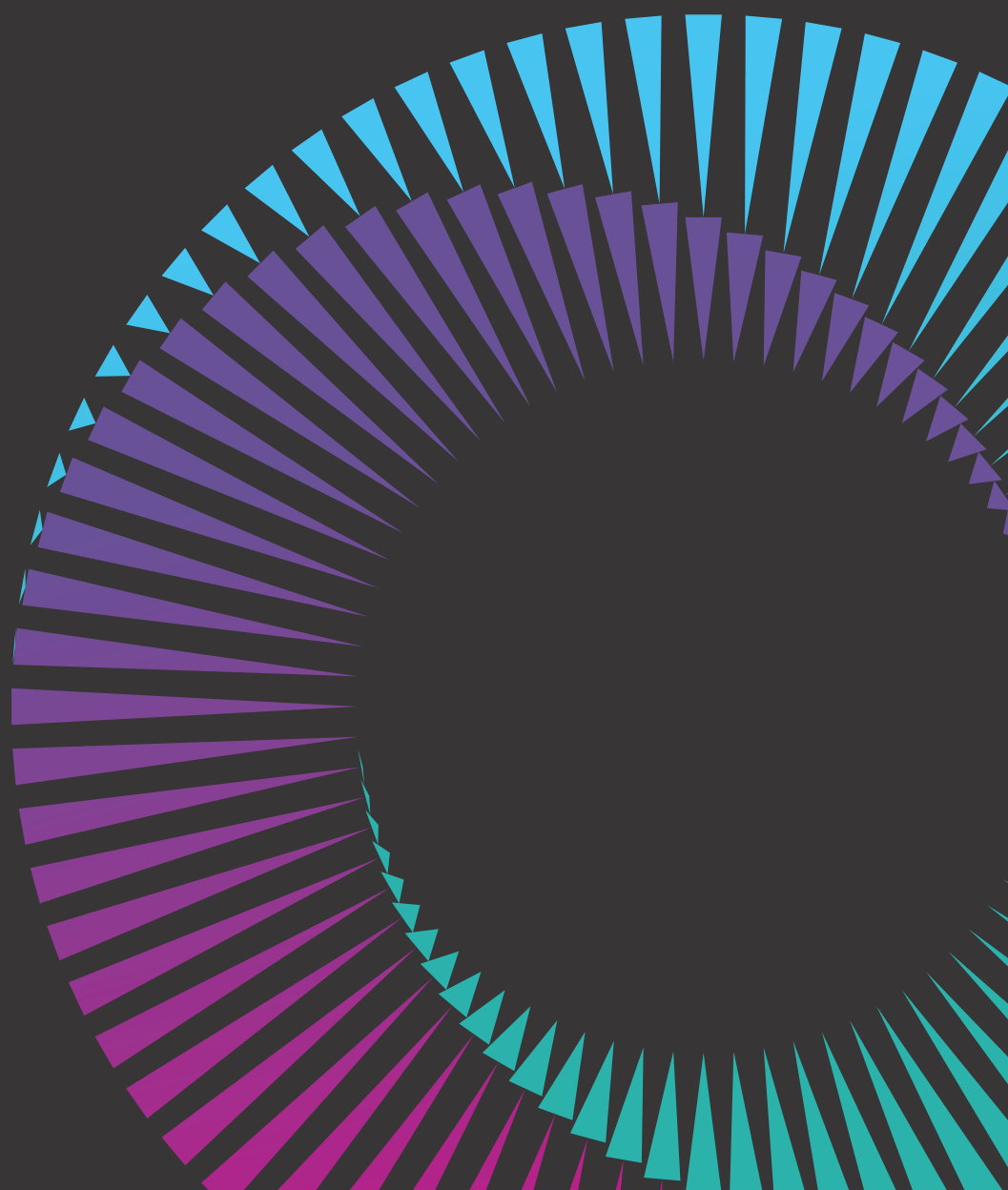


Assisted conception draft  
interim policy

# Summary report of findings



# What is this about?

**In March 2023, the local NHS asked people for their views and comments on a proposed interim policy for assisted conception.**

This public involvement ran for three weeks, from 1 to 23 March, and included a **survey** and two **online events**. After it was completed, a full report of findings was written. The Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) will consider the findings carefully before it makes any further decisions.

This is a **summary** of the report of findings. You can read the full version on the ICB [website](#).

## Background to the involvement

**The local NHS started this work in 2020, as part of a bigger programme called [Clinical Policy Alignment](#) (previously called **Difficult Decisions**).**

This looked at five procedures, including assisted conception, where the criteria (rules) for which patients could have the procedures were not the same across the whole of Staffordshire and Stoke-on-Trent.

**The aim was to make them the same for everyone.**

While the recommendations for assisted conception were being worked on, the **Women's Health Strategy for England (WHS)** was released in summer 2022. This is a 10-year strategy, which will include a review of fertility services across England. Updated guidance on fertility treatments from the National Institute for Health and Care Excellence (**NICE**) is also expected at the end of 2024.

These national reviews may affect our local assisted conception services, but the results

will not be known for some time. Because of this potential delay, Staffordshire and Stoke-on-Trent ICB decided to develop an interim (temporary) policy for assisted conception.

### Why have an interim policy?

The ICB recognises that the current difference in access depending on where you live is unfair and wants this to change as soon as possible.

The interim policy will make the criteria for accessing assisted conception services the same, wherever you live in Staffordshire and Stoke-on-Trent. This will give fairer access to services across our geographical area.

When the national reviews are completed, the ICB will look at whether the interim policy needs to be changed in any way.



# Promoting the survey and events and getting people involved

## The ICB wanted as many people as possible to know about the involvement.

The involvement team spread the word using media releases and social media and had help from interested local groups, like equality groups, who shared information with their members and supporters. NHS staff were kept informed through staff newsletters.

All the promotional information pointed people towards the involvement webpages, where they could find the survey and information resources and register for the online events.

## Involvement survey

A key part of the involvement was the **survey**, which was available online on the involvement webpages. An accessible (easy read) version of the survey was also available there.

There were 107 responses:

- ➔ 96 to the main survey
- ➔ 11 to the accessible survey.

## Involvement resources

An **information leaflet**, also available in an accessible version, was published online to explain the draft interim policy for assisted conception.

People could also view the draft policy document and a table of all the proposed changes to the criteria for assisted conception services.

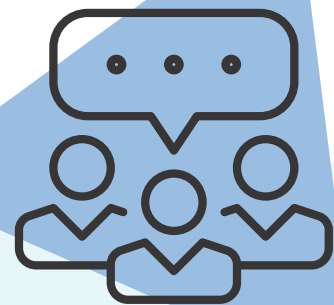
A presentation was produced for use in the online events.

## Involvement events

Two online events were organised and promoted through the media, social media and with the help of interested groups. The events were hosted on Microsoft Teams:

- ➔ event 1: Wednesday 15 March, 12.30pm to 2.30pm with **two participants**
- ➔ event 2: Monday 20 March, 6pm to 7.30pm with **five participants**.

The clinical team involved in the assisted conception programme gave a presentation explaining the proposed changes. Participants gave their views using a digital platform called Jamboard, which is an anonymised method of leaving notes and comments. They were also encouraged to complete the survey.



## Feedback through other channels

People also gave their views through correspondence, which consisted of 46 social media posts from members of the public, three emails and one letter. The three emails were requests for further information and were not included in the feedback analysis. The other correspondence was analysed as part of the full report of findings.

The letter was from a national fertility charity (see page 46 of the full report for further information). The charity's communication was followed up by a member of NHS staff who spoke to them and listened to their concerns.

**The diagram below shows the main involvement activity:**



**More than 150 stakeholders contacted**

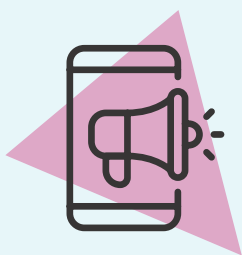
**Information leaflet and accessible leaflet created**



Online survey open for 3 weeks

- ➔ 96 responses to main survey
- ➔ 11 responses to accessible survey

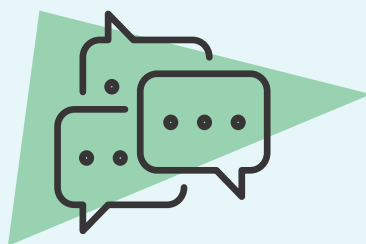
**107 responses in total**



**Involvement promoted through social media**



Online event 1:  
15 March, afternoon  
**2 participants**



Online event 2:  
20 March, evening  
**5 participants**

## Who took part in the survey and events?

In total, **114 responses** (107 to the survey and seven from event participants) were received from many different parts of the UK, from places as far apart as Brighton and Aberdeen. Of these, **52 (47%)** were from people in Staffordshire and Stoke-on-Trent and surrounding areas.

### Location\*



**46 (42%)**

participants live in  
**Staffordshire and Stoke-on-Trent**

**6 (5%)**

participants live in neighbouring  
areas

**29 (26%)**

participants live in **other parts of  
the UK**

\*Survey and events combined. 30 (27%)  
people did not provide their postcode

### Events



7 people attended,  
4 of whom filled  
in the optional  
demographic  
questions:

- 1 patient/public
- 1 NHS employee
- 2 said they were giving a formal response from an organisation – 1 of these was from Fertility Network UK.

### Who took part in the survey?



- There were 107 responses to the survey
- 95 (89%) respondents were patients or members of the public
- 8 (7%) were NHS employees

### Demographic profiling (survey and events)



- 97 (89%) participants were White British
- Most respondents were under 40 (94 / 84%)
- 104 (95%) participants were female, and 6 (5%) were male
- 105 (95%) identified as heterosexual.

For more detailed information, please see the full report on the ICB [website](#).

# Findings

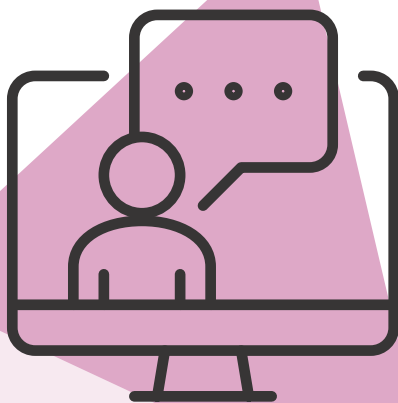
This is a **summary** of the full findings, which you can find on the ICB [website](#).

The findings are based on feedback received through the survey, engagement events and correspondence.

## Feedback on use of services

Most survey respondents (91 / 85%) said that they, or someone they know, had used assisted conception services. 63 (71%) respondents said they had used these services in the last three years, while 32 (36%) had experience of a family member or friend using these services.

The services used by most respondents were blood tests (83 / 93%), scans to support the diagnosis of any fertility-related issues (81 / 91%) and medication to promote pregnancy (75 / 84%).



## Feedback on draft interim policy

Most respondents (102 / 95%) said the draft interim policy would have a negative, or very negative impact, on themselves or others. The key reasons given were that:

- ➔ reducing the number of cycles and embryo transfers offered would have a negative impact
- ➔ reducing the number of cycles offered would go against NICE guidelines
- ➔ the policy excludes specific groups, like same-sex couples, single women and patients with low Anti-Müllerian Hormone
- ➔ participants felt the policy was discriminatory/unfair
- ➔ the policy would not be in line with other organisations/NICE guidelines.

Some participants also said they wanted a greater understanding of the draft interim policy. They asked for more information around the types of embryo transfer available and how changes would be made in line with NICE guidance.

Participants made several suggestions about how to avoid negative impacts. The most frequently mentioned suggestions were:

- ➔ providing the number of cycles in line with NICE guidelines
- ➔ making sure that the policy is inclusive and fair
- ➔ providing more cycles of IVF treatment
- ➔ ensuring the policy does not discriminate against certain groups, like same-sex couples, single women and patients with low Anti-Müllerian Hormone.

## Next steps

**The full report of findings has been received by the programme technical group of clinicians and managers from Staffordshire and Stoke-on-Trent Integrated Care Board (ICB).**

The group will review the report and consider the feedback while they work to finalise the interim policy. The policy will then go through the ICB's robust, established governance process before a decision is made.

When the Women's Health Strategy review of fertility services is completed, and when NICE has released further guidance (expected by the end of 2024), the ICB will review the interim policy for assisted conception, to see if it needs to be changed in any way.

For updates, please visit the ICB's [website](#), where you can also read the full report of findings.



**This report of findings was commissioned from Arden & Greater East Midlands Commissioning Support Unit and Midlands and Lancashire Commissioning Support Unit by NHS Staffordshire and Stoke-on-Trent Integrated Care Board**