Service Specification
Assisted Conception Services

BMI Chaucer
2016/17

Introduction

1.1 This document provides the service specification and specific details of the services to be provided by BMI Chaucer ('the provider') under the NHS Standard Contract for assisted conception services.

1.2 The definitions and interpretation used in the document will be those used when referring to the NHS Standard Contract.

1.3 These services will be provided to couples who are registered with a Kent and Medway GP.

1.4 Where the female and male reside in different CCG areas within Kent and Medway then any activity must be billed to the relevant CCG (eg surgical sperm retrieval to the CCG of the male).

1.5 If the male is registered outside of Kent and Medway the provider is advised to contact the CCG of the area they are registered to confirm that the couple has been referred and any activity relating to the male (such as surgical sperm retrieval) will be billed to that CCG. Responsible Commissioner Guidance does not cover this specific scenario but in relation to consultant led elective care or non-emergency activity would constitute authority to see and treat. This scenario is expected to be a rare occurrence.

1.6 This document may be reviewed during the contract term and updated to reflect any changes.

SERVICE OBJECTIVES

2.1 To provide assisted conception services which are in line with Kent and Medway Policy and Criteria for Assisted Conception being high quality, safe, effective, accessible and acceptable to eligible patients.

2.2 To provide a personal service, sensitive to the physical, psychological, emotional and social needs of patients.

2.3 To ensure that patients are afforded the right to be fully informed of their condition, if they so wish, and to ensure information is communicated in an understandable and sympathetic manner.

ELIGIBILTY CRITERIA

3.1 The services will be provided for couples registered with a GP in one of the Clinical Commissioning Groups (CCGs) in Kent and Medway who meet the eligibility detailed in the standalone document *' Kent and Medway CCGs schedule of policy statements for assisted reproductive technologies (ARTs) 2016*' for use by referrers, providers and patients.

3.2 The eligibility criteria details the age of woman. The age of the male partner should be in line with the Human Fertilisation and Embryology Authority (HFEA) recommendations for the welfare of the child.

3.3 Following HFEA guidelines, the referrer and provider should be satisfied as far as possible that the prospective parents have a stable relationship which will provide a suitable environment for bringing up a child. The couple are not required to be married.

3.4 The Kent and Medway CCGs schedule of policy statements for ART does **not** apply to Armed Forces personnel. There is a separate NHS England policy and funding arrangement. (See relevant documents:
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/n-sc037.pdf
https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/n-sc037-app.doc

The provider will only accept a referral for Armed Forces personnel that have prior approval and funding from NHS England.

REFERRALS

4.1 In all cases, **both partners** should be referred.

4.2 Referrals will **only** be accepted from secondary care Fertility Consultants working within Dartford and Gravesham NHS Trust, East Kent Hospitals NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust and Medway NHS Foundation Trust.

4.3 A standard referral form has been agreed for use by secondary care to IVF Providers (Does this need to be referenced to within the appendices of particulars?)

4.4 The eligibility criteria must be considered by the secondary care Fertility Consultants and the referral form requires confirmation against each criteria. The provider will only accept referrals where all eligibility criteria as per the Schedule of Policy Statements have been met and tests required as per the standard referral form have been provided.

4.5 If the designated secondary care consultant believes that the couple do not meet the criteria but have exceptional circumstances that deem them eligible for treatment then they will put their case in writing to Individual Funding Request (IFR) Team. Any agreement outside of criteria must be sought before referral to the IVF Provider and confirmation provided on the referral form.

4.6 The Provider will adhere to the 18 week pathway. The "clock" will commence at the point that a referral is made for treatment[1]. The RTT clock stops when first definitive treatment starts, which in terms of IVF is the start of medication.

4.7 The 'clock' cannot be stopped for reasons relating to provider capacity or funding but must refer only to a clinically determined decision to delay treatment.

SERVICES PROVIDED

[1] The referral received should be complete and include all relevant information and appropriate test results.

5.1 The following services will be provided by the Provider in line with policy and eligibility criteria:

a. Intrauterine Insemination (IUI) with partner's sperm

b. Invitro Fertilisation (IVF) with embryo transfer[2]

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c. Intracytoplasmic Sperm Injection (ICSI) with embryo transfer[3].

5.2 The couple will be offered the opportunity to continue to fund any spare embryos for future self-funded cycles after the expiration of the NHS funded storage period, in line with the Schedule of Policy Statements.

5.3 Any queries regarding treatments not outlined within the provider's approved tariff list must in the first instance be directed in writing to the Individual Funding Request (IFR) team.

5.4 All patients will be seen once by the Provider following embryo transfer.

5.5 All patients will be offered counselling before the procedures are carried out and also following failure to achieve a pregnancy if indicated.

5.6 All prescribing of IVF related drugs will be undertaken by the Provider.

- Following confirmation of pregnancy, treatment required to support pregnancy (Progesterone) may be returned to primary care and may be prescribed by the GP as part of antenatal care. Prescribing of Progesterone will be undertaken as follows:

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Pessaries (Cyclogest®)	First choice. Prescribing undertaken up to 5 weeks of pregnancy by the Provider (i.e. for 1 further week following a positive pregnancy test). The remaining 7 weeks of prescribing will be undertaken by the female partner's GP, in line with general maternity related prescribing.
Injection (Gestone®)	Used for women who bled early following embryo transfer in a previous cycle with Cyclogest and where there is no other identifiable reason for the early bleed. Also used for patients who find Cyclogest physically hard to use. Prescribing undertaken up to 5 weeks of pregnancy by the Provider (i.e. for 1 further week following a positive pregnancy test). The remaining 7 weeks of prescribing will be

[2, 3] in this instance, an IVF cycle or an ICSI cycle is defined as complete at egg collection. A maximum of two embryos can be transferred at one time in line with HFEA guidance.

	undertaken by the female partner's GP, in line with general maternity related prescribing.
Vaginal gel (Crinone®)	Used for women who bled early following embryo transfer in a previous cycle with Cyclogest and where there is no other identifiable reason for the early bleed. Also used for patients who find Cyclogest physically hard to use. Prescribing undertaken up to 5 weeks of pregnancy by the Provider (i.e. for 1 further week following a positive pregnancy test). The remaining 7 weeks of prescribing will be undertaken by the female partner's GP, in line with general maternity related prescribing.

5.7 In the event of issues surrounding the supply or availability of the above approved forms of medication, the Kent and Medway CCGs must be consulted by the provider and a decision will be made on a case by case basis.

PERFORMANCE MANAGEMENT AND REVIEW

7.1 The Provider will submit the following information to the Lead Commissioner, via North Kent Quality, Safety and Contract Performance team, as per Schedule 6 local reporting requirements.; including:

- An activity schedule, at CCG level, that reconciles to the monthly invoices. This must include all activities, including viral screening and any other agreed activity outside of the cycle price.
- Data must be submitted using the agreed IVF template on a monthly basis to cps.northkent@nhs.net
- Data must be entered accurately, following the prescribed guidelines, onto the agreed IVF template to ensure accurate reporting of activity and finance at CCG level

- A quarterly Key Performance Indicator Report, using the template provided by the Contract Performance and Support Team at the North Kent CCGs which includes:

  - A statement of success rates, including number of clinical pregnancies achieved by age of woman and procedure carried out (clinical pregnancy is determined by the presence and number of foetal heartbeats following an ART cycle)
  - The number (%) of multiple pregnancies (state whether twin or triplet)
  - A statement of waiting times showing both waiting times from referral date to start of treatment.
  - A statement of the number of complaints received; the number of Serious Incidents and Never Events reported and the number of cancelled operations within the quarterly period.

- Any other ad hoc information that the Lead Commissioner requires as a result of the quarterly performance management meetings.

7.2 The Lead Commissioner, North Kent Quality, Safety and Contract Performance team and the Provider will meet on a quarterly basis to review the contract performance. North Kent Quality, Safety and Contract Performance team will act as the co-ordinator for the meetings.

PERSONNEL

7.3 Professional liability of all staff employed by the Provider involved in the provision of this service remains the responsibility of the provider.

7.4 The Provider will ensure that all personnel working within the service meet the relevant professional standards required for HFEA accreditation.

KPI PROVIDER REPORTING

The provider will be responsible for supplying KPI monitoring information on a quarterly basis for review by the performance and quality teams. The monitoring information should be submitted two weeks prior to the end of each quarter on the KPI reporting template. This template will be agreed between the provider and commissioner and any amendments should be raised and agreed through the performance meetings. Half yearly contract performance meetings will be scheduled and details of the last two quarters KPI achievement will be required as part of the half yearly review.