

# **EQUALITY ANALYSIS**

## **(Equality Impact Assessment)**

Service/Policy title	<b>Draft NCL Fertility Policy</b>
Service/Policy type	
Author	
Lead Director	<b>Penny Mitchell</b>
Email	<b>penny.mitchell3@nhs.net</b>
Date approved	<b>October 2021</b>
Review date	<b>October 2024 (or earlier if the policy is updated before this date)</b>

Before completing the Equality Analysis (EQIA) please read the guidance on the intranet.

For further help and advice please contact Emdad Haque at [emdad.haque@nhs.net](mailto:emdad.haque@nhs.net)  
Tel: 07753836900

## Brief description of the policy/service

Please provide only a brief description covering what this policy/service aims to achieve and which groups it will benefit.

North Central London Clinical Commissioning Group (NCL CCG) was formed in April 2020, with the merger of the five North Central London CCGs: Barnet, Camden, Enfield, Haringey and Islington. Each borough had its own fertility policy and with the formation of a single clinical commissioning group, NCL CCG has been working to develop a new, single policy, which will cover all five boroughs. North Central London has a population of over 1.5m residents. The population is relatively young with Camden, Haringey and Islington having more adults under the age of 30 than other NCL areas. Haringey, Islington and Enfield have on average, higher rates of deprivation compared to London, although pockets of deprivation are dispersed across NCL<sup>1</sup>. More than half of NCL residents are White, with around 20% Asian and 20% Black. Barnet and Camden have larger Asian communities, whereas Haringey and Enfield have larger Black communities.<sup>2</sup>

It is estimated that infertility affects about one in seven heterosexual couples in the UK. About 84% of couples will conceive naturally within a year if they have regular unprotected sex (every 2 or 3 days). NHS fertility treatment is available for eligible individuals and couples who want to become parents but who have a possible pathological problem (physical or psychological) leading to them being infertile. Not all patients who have fertility problems will require assisted conception treatments such as in vitro fertilisation (IVF). In NCL, an estimated 700 people received NHS funded IVF each year.

The draft fertility policy covers a small group of specialised treatments, including In Vitro Fertilisation (IVF), Intra Uterine Insemination (IUI) and fertility preservation, which may be used to support people who are experiencing some forms of sub-fertility. The draft policy document sets out the criteria that NCL GP registered patients must meet, in order to access assisted conception treatments funded by NCL CCG. The eligibility criteria outlined in the draft NCL fertility policy document only apply to assisted conception treatments. Patients do not have to meet the eligibility criteria outlined in the draft policy to access NHS funded investigations or other medical or surgical treatment for fertility problems.

The CCG has a statutory duty to maintain financial balance, which means that it must make judgements about the affordability of any proposed service for local patients. In developing this draft policy, the CCG has sought to adopt NICE guidance wherever feasible. However, the need to balance service access demands with affordability has meant that in some sections the draft policy may vary from the full recommendations made by NICE.

## Engagement with patients and stakeholders

Please provide a brief summary about engagement with patients, clinical leads, voluntary organisations Healthwatch- and the outcomes. If no engagement has been carried out then please explain why.

<sup>1</sup> NCL CCG Diversity and inclusion strategy 2021-2023

<sup>2</sup> GLA 2018, Housing led population projections

Draft for engagement – North Central London CCG Fertility Policy Equality Impact Assessment

In developing this policy, NCL CCG has carried out engagement activities to support the review stage (consisting of pre-engagement, engagement and review recommendations) and to influence the policy development stage of the programme.

A pre-engagement stage was carried out ahead of the start of the engagement window for the Fertility Policies Review. We wrote to a core list of 75 key stakeholders, which included 38 groups representing protected characteristics, across North Central London offering the opportunity to discuss our approach and seek their early views. We also wrote to national special interest groups to collate views (for example, Fertility Network UK and The LGBT Mummies Tribe) as well as local Healthwatch leads and the Chairs of the Joint HOSC and HOSA committees. Responses received in the pre-engagement period were logged, and where relevant, used to inform our engagement approaches.

The first stage was a Review to develop recommendations to inform the subsequent development of the future single policy. A key strand of the Review had been to seek the views of our residents, service users, voluntary and community (VCS) organisations, fertility groups and wider stakeholder audiences, both on the current fertility policies and also what the CCG should consider when developing the future policy. The Review engagement window for this work ran from 10 May to 9 July 2021. Proactive communications and engagement activities were undertaken throughout the engagement window to promote awareness of the Review, including social media content across a number of channels, detailed information on our website, with an online questionnaire (also available as a hard copy (and easy read) on request), articles featured in our stakeholder and residents newsletters. A range of approaches were taken to reach out to groups and individuals from different ethnic backgrounds and communities across our five boroughs. It should be noted that the Review took place during the COVID-19 pandemic, which restricted engagement interactions to online and telephone methods. Wherever possible mitigations were put in place to enable and encourage people to take part; for example, by working with VCS groups to reach ethnic minority communities whose first languages are not English, and by providing interpreters at online events.

In addition to the groups that we engaged with, the Steering Group that led the policy review also included one member of Fertility Network UK to fulfil the Community Member 'expert' role and one of the CCG's existing Community Members, acting as the NCL 'citizen' Community member on the group. These members have also contributed to the development of the policy, and in particular to equality considerations, through the Steering Group itself.

NCL CCG was committed to being flexible in how we heard from residents, service users and groups, and welcomed 1:1 conversations as well as the opportunity to attend existing events and meetings to discuss the Review. Written comments were welcomed and processed through a single document management system and a consistent analysis framework. The core engagement methods implemented by the CCG are detailed in Appendix 1.

Good and detailed qualitative insights and data were collected. For the information about the themes of the engagement, you can read the [NCL CCG Fertility Policies Review: Engagement Report](#) here. The majority of people who engaged during the Review stage were past or present service users, and were well-informed about policies and treatments available. NCL CCG has been committed to using these insights to support the development of this policy at local, borough and system level to improve service provision.

The views of specialist clinicians were obtained during the course of the NCL Fertility Policies Review in the following ways:

- Establishing a Clinical Reference Group (CRG) of fertility specialists from across NCL and its partners to provide clinical ‘check and challenge’ to the methods and outputs of relevant activities being undertaken by the Review.
- Collating responses to questionnaires to obtain the views of fertility specialists (and other specialist clinicians who see patients who might require fertility treatments) on the interventions and eligibility criteria included within the scope of the fertility policies review.
- Considering findings of interviews with specialist clinicians who provide ovarian tissue cryopreservation<sup>3</sup>.

You can read the [NCL CCG Fertility Policies Review: Engagement Report](#) here.

This document reports the findings from the stage 1 public engagement window (10 May to 9 July 2021)

Following on from Phase 1 of our engagement process, we then commenced the Policy Development Phase. With input from our Clinical Reference Group and expert clinicians on the CCG Governing Body, we have developed a draft Policy and we are now due to go out to 12 weeks of engagement on the draft policy from 22 November 2021 to 13 February 2022.

Input from governing body clinicians fed into the second stage of Policy Development with the formation of a Readers’ Advisory Panel made up of six NCL Community members to provide advice and observations on the phrasing and ‘readability’ of the draft NCL fertility policy from the perspective of readers and local residents. The Policy Development engagement window for this work is anticipated to run from 22 November 2021 to 13 February 2022. During the engagement window, local residents will be able to contribute their views and experiences in the following ways:

- By attending one of our online public meetings (N=5)
- By attending a face-to-face public meeting
- By inviting CCG staff to attend a meeting or event, for example Fertility Support Groups, or GP Patient Participation Groups
- By completing the online questionnaire (hard copies will be available upon request (also in easy read))

Residents will be able to find out about the engagement opportunities via our [website](#) and the Fertility Policy Development team will be contactable by email [nclccg.fertility-development@nhs.net](mailto:nclccg.fertility-development@nhs.net) and by telephone: 020 3688 2038

The communications and engagement team will be proactively raising awareness of the draft single policy and how to give feedback through our public website, social media and key stakeholder public-facing channels (e.g. The LGBT Mummies Tribe, Fertility Network UK, Healthwatch, NHS providers, local authority and local voluntary and community sector groups (focusing on seldom-heard communities).

The EQIA currently reflects that draft policy, and will be updated as and when the Policy itself is updated. We will collect responses from this second engagement phase and will then report back to the S&C Committee and will take this feedback into account in finalising the Policy. Once we have a finalised Policy, we will update the EQIA accordingly.

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<sup>3</sup> Note, these interviews were undertaken as part of a different policy review for a group of CCGs based in the south east in October 2020.

## Impact analysis

This section should be used to analyse the likely impact of the policy/service on protected and disadvantaged groups. It should be noted that the CCG's default policy intent is to maximise opportunity (positive impact) for all groups by removing barriers so that they can access the service they need and enjoy good outcomes.

Protected Group/Strands	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.																																																	
<b>Age</b>	ONS data indicates there are an estimated 329,400 women aged between 18-45 in NCL.  The draft NCL CCG policy specifies assisted conception treatments (ACT) will be funded for eligible women aged under 43. NCL women aged 43 and over will not routinely have NHS funded ACT available to them.  <b>ONS mid 2020 female population estimates by age.</b> <table border="1" data-bbox="444 1033 1297 1368"> <thead> <tr> <th>Age</th><th>Barnet</th><th>Camden</th><th>Enfield</th><th>Haringey</th><th>Islington</th><th>Total</th></tr> </thead> <tbody> <tr> <td>43</td><td>2,799.00</td><td>1,708.00</td><td>2,484.00</td><td>1,941.00</td><td>1,323.00</td><td>10,255.00</td></tr> <tr> <td>44</td><td>2,851.00</td><td>1,844.00</td><td>2,372.00</td><td>1,976.00</td><td>1,302.00</td><td>10,345.00</td></tr> <tr> <td>45</td><td>2,773.00</td><td>1,706.00</td><td>2,250.00</td><td>1,942.00</td><td>1,292.00</td><td>9,963.00</td></tr> <tr> <td>46</td><td>2,709.00</td><td>1,912.00</td><td>2,185.00</td><td>1,770.00</td><td>1,430.00</td><td>10,006.00</td></tr> <tr> <td>47</td><td>2,665.00</td><td>1,773.00</td><td>2,277.00</td><td>1,871.00</td><td>1,258.00</td><td>9,844.00</td></tr> <tr> <td>48</td><td>2,787.00</td><td>1,653.00</td><td>2,304.00</td><td>1,820.00</td><td>1,282.00</td><td>9,846.00</td></tr> </tbody> </table>	Age	Barnet	Camden	Enfield	Haringey	Islington	Total	43	2,799.00	1,708.00	2,484.00	1,941.00	1,323.00	10,255.00	44	2,851.00	1,844.00	2,372.00	1,976.00	1,302.00	10,345.00	45	2,773.00	1,706.00	2,250.00	1,942.00	1,292.00	9,963.00	46	2,709.00	1,912.00	2,185.00	1,770.00	1,430.00	10,006.00	47	2,665.00	1,773.00	2,277.00	1,871.00	1,258.00	9,844.00	48	2,787.00	1,653.00	2,304.00	1,820.00	1,282.00	9,846.00	Positive	The NCL CCG draft policy specifies ACT will be funded for eligible women aged under 43 years. The rationale for this is: <ul style="list-style-type: none"> <li>NICE Clinical Guideline (<a href="#">CG 156</a>) and Quality Standard (<a href="#">QS 73</a>) recommend funding of IVF for women aged up to 42 (inclusive).</li> <li>The NICE CG156 <a href="#">full guideline</a> states that IVF is not cost effective for women aged 43 years or older.</li> <li>The NICE CG156 full guidelines states: 'The clinical and health economic evidence was overwhelming in indicating that IVF should not be offered to women aged 43 years or older'</li> <li><a href="#">HFEA data</a> on all fertility treatments undertaken in the UK shows the success rates decrease as the woman's age increases for IVF and other ACT including donor insemination, IUI and IVF using thawed eggs.</li> </ul>
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49	2,810.00	1,706.00	2,369.00	1,890.00	1,304.00	10,079.00																									
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<sup>4</sup> NICE CG156 (2013)

<sup>5</sup> Infertility - NHS ([www.nhs.uk](http://www.nhs.uk))

<sup>6</sup> HFEA data

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	<p>demonstrate their infertility by trying to conceive for either 2 years of regular unprotected intercourse or 12 cycles of IUI in order to be eligible for NHS funded IVF.</p> <p>Older women may be over the age threshold if they have to undergo 2 years of unprotected intercourse before they are eligible for IVF.</p>		<ul style="list-style-type: none"> <li>• This is recommended in NICE CG156 for all ages of women accessing IVF</li> <li>• NICE noted data from Dunson (2004 – see Table below) when making their recommendations</li> </ul> <table border="1" data-bbox="1611 657 2202 863"> <thead> <tr> <th data-bbox="1611 657 1798 720">Age (years)</th><th data-bbox="1798 657 1984 720">Pregnant after 1 year</th><th data-bbox="1984 657 2202 720">Pregnant after 2 years</th></tr> </thead> <tbody> <tr> <td data-bbox="1611 720 1798 759">19-26</td><td data-bbox="1798 720 1984 759">92%</td><td data-bbox="1984 720 2202 759">98%</td></tr> <tr> <td data-bbox="1611 759 1798 797">27-29</td><td data-bbox="1798 759 1984 797">87%</td><td data-bbox="1984 759 2202 797">95%</td></tr> <tr> <td data-bbox="1611 797 1798 835">30-34</td><td data-bbox="1798 797 1984 835">86%</td><td data-bbox="1984 797 2202 835">94%</td></tr> <tr> <td data-bbox="1611 835 1798 863">35-39</td><td data-bbox="1798 835 1984 863">82%</td><td data-bbox="1984 835 2202 863">90%</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Removing this criterion may mean women who would have otherwise conceived naturally are treated with IVF</li> <li>• Where investigations show IVF is the only treatment option, patients can be referred directly for IVF</li> <li>• Implementation planning and support will schedule engagement and guidance to primary care and secondary care to support implementation of the new policy. Our aim being that as people enquire, they can find info easily via our website and be well supported by their GP or other treating clinician.</li> </ul>	Age (years)	Pregnant after 1 year	Pregnant after 2 years	19-26	92%	98%	27-29	87%	95%	30-34	86%	94%	35-39	82%	90%
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	<p>The draft NCL CCG policy requires women undergoing ACT to have a BMI within the range 19-30 kg/m<sup>2</sup>.</p> <p>Feedback from the engagement exercise was that older people and people with medical conditions may find it more difficult to lose weight than younger people.</p>	Negative	<p>The BMI criteria are in place for the following reasons:</p> <ul style="list-style-type: none"> <li>• NICE CG156 states that a female BMI outside this range is likely to reduce the success of assisted reproduction procedures</li> <li>• NICE CG156 recommends women should be informed BMI should ideally be in the range 19-30 before commencing assisted reproduction</li> <li>• HFEA Commissioning Guide for Fertility Treatment states: Women should have a BMI of 19-30 kg/m<sup>2</sup> before commencing assisted reproduction.</li> </ul>
	<p>The COVID-19 pandemic may have delayed access to NHS funded fertility treatment for some patients, which may have led to some patients no longer being eligible (e.g. if they are now too old to meet the age criteria).</p>	Negative	<ul style="list-style-type: none"> <li>• Ensure people can get support and information about the draft policy in a timely way to make informed decisions about when they want to attempt to have a baby.</li> <li>• National response to Covid-19 pandemic in operation to reduce waiting times.</li> </ul>
<b>Disability</b>	<p>Based on the 2011 Census, 8.6% of men and 9.3% of women in London have an illness or disability that limited a lot of their daily activities.</p>	Positive	<p>The draft NCL CCG policy is broadly consistent with NICE CG156 in funding ACT to eligible patients with physical disability/ psychosexual problems.</p>

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	<p>People who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem.</p> <p>The draft NCL CCG policy specifies that up to 6 cycles of IUI using partner sperm is funded for these patient groups if they have not conceived after 6 cycles of self-funded IUI. These patients may also be eligible for IVF if they undergo a total of 12 unsuccessful IUI cycles.</p>		<p>This group of patients have been covered in the policy.</p> <p>Recommendation / mitigation (2)</p> <p>Recommendation / mitigation (3)</p>
	<p>In 2018, Public Health England estimated that the prevalence rate for HIV was 5.7 per 1,000 people in London. This equates to an estimated 1,778 men aged 18-42 in NCL who are HIV+.</p> <p>The draft NCL CCG policy specifies sperm washing may be funded for eligible men who are HIV+ and have a HIV- female partner.</p>	Positive	<p>The draft NCL CCG policy is consistent with NICE CG156 in funding sperm washing to eligible patients who are HIV+.</p> <p>This group of patients have been covered in the policy</p>
	<p>Data from Public Health England Cancer Registry indicates around 1,900 NCL women and 1,500 NCL men aged 15-44 are likely to be diagnosed each year with cancer which may be treated with a potentially gonadotoxic treatment.</p> <p>The draft NCL CCG policy specifies that fertility preservation interventions (cryopreservation of sperm, eggs and embryos ) is funded for eligible patients who are either due to undergo a</p>	Positive	<p>The draft NCL CCG policy is broadly consistent with NICE CG156 in funding fertility preservation for patients due to undergo a gonadotoxic treatment.</p>

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	gonadotoxic treatment or have a medical condition which is likely to progress such that it will lead to infertility in the future. This applies to patients with conditions including cancer.		
	The draft NCL CCG policy indicates that IVF/ ICSI using donor eggs will be funded for eligible patients who have undergone bilateral oophorectomy or who have ovarian failure following chemotherapy or radiotherapy. This applies to patients with conditions including cancer.	Positive	The draft NCL CCG policy is consistent with NICE CG156 in funding IVF/ ICSU using donor eggs for eligible patients who have undergone bilateral oophorectomy or ovarian failure following chemotherapy or radiotherapy.
	People with HIV who require fertility treatment need to be referred to clinics licensed to treat them. <sup>7</sup>	Positive	The draft NCL CCG policy is inclusive of those with HIV.
	The draft NCL CCG policy states that assisted conception treatments involving surrogates are not routinely funded by NCL CCG for any patient group. This has potential an impact on people who would not be able carry a pregnancy to term due to a disability.	Negative	The rationale for this is: a surrogate is available only to those with means and, by parity of reasoning with the prohibition on mixing NHS and private care in one episode of care, ACT involving surrogates is not funded. NICE does not make recommendations on ACT involving surrogates.
<b>Gender</b>	NCL Demographics (April 2019/20) estimate population of 809,362 males (49%) and 838,675 females (51%)	Positive	“Gender” in itself is not the critical factor. The point of the policy is to deal with pathological issues to do with an individual’s sexual reproductive system

<sup>7</sup> HFEA

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
	<p>Some fertility treatments are specific to either men or women and as such require different considerations when developing policy (e.g. surgical sperm retrieval is specific to man and oocyte cryopreservation is specific to women).</p> <p>NICE CG156 makes specific recommendations regarding the woman's age; no equivalent recommendations are made regarding the man's age.</p> <p>The draft NCL CCG policy has retained the upper age limit for women but has removed the upper age limit for men.</p>		<p>Due to the nature of policies on assisted reproductive technologies, it is necessary to refer to the sex of patients on occasion. This document therefore refers to 'men' and 'women', and 'male' and 'female'. When these terms are used in this document, unless otherwise specified, this refers to sex defined by biological anatomy. It is acknowledged that this may not necessarily be the gender to which individual patients identify.</p> <p>The draft NCL CCG policy is consistent with NICE CG156 guidance with regard to the age of women undergoing IVF.</p> <p>The upper age limit for women has been retained because of the strong evidence outlined above that IVF birth rates decrease as the women's age increases.</p> <p>The upper age limit for men has been removed because this was based on previous HFEA regulations which have now been changed (previously sperm could not be stored after a man reached the age of 55 years; this has now been changed so sperm cannot be stored for more than 55 years duration).</p>

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
	The draft NCL CCG policy specifies IUI and IVF are funded for eligible single women and female same sex couples. No assisted conception treatments are funded for single men or male same sex couples because ACT involving surrogacy are not funded for any patient groups.	Negative	The draft NCL CCG policy specifies IUI and IVF are funded for eligible female same sex couples broadly consistent with NICE CG156 recommendations. NICE CG156 does not address surrogacy. The rationale for not funding ACT involving surrogacy for any patient groups is as follows: a surrogate is available only to those with means and, by parity of reasoning with the prohibition on mixing NHS and private care in one episode of care, ACT involving surrogates is not funded.
<b>Gender reassignment</b>	<p>NHS admissions data indicates that in 2018/19, just under 100 NCL patients were admitted to secondary care with a primary diagnosis of gender dysphoria.</p> <p>People undergoing gender reassignment interventions such as hormone therapy or surgery may wish to cryopreserve their genetic materials to preserve their fertility.</p> <p>Although admissions data may give an indication of the numbers of patients undergoing gender reassignment interventions on the NHS, there is likely to be a significant number of transgender patients accessing gender reassignment interventions privately thereby underestimating the number who require fertility preservation.</p>	Positive	The draft NCL CCG policy states that fertility preservation may be offered to eligible patients under the care of a specialist clinician who confirms they are due to undergo a gonadotoxic treatment, including those who are due to undergo interventions for gender reassignment

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
	NHS England and NHS Improvement issued guidance for CCGs on formation of clinical commissioning policies for fertility preservation which stated: 'CCGs must not determine which patient groups might be offered fertility preservation service on a basis which discriminates against those patients because of a protected characteristic, including gender reassignment'	Positive	The draft NCL CCG policy states that fertility preservation may be offered to eligible patients under the care of a specialist clinician who confirms they are due to undergo a gonadotoxic treatment, including those who are due to undergo interventions for gender reassignment.
	Due to the nature of policies on assisted reproductive technologies, it is necessary to refer to the sex of patients as defined by their biological anatomy on occasion. This may not necessarily be the gender to which individual patients identify.	Positive	This has been acknowledged in the draft NCL CCG fertility policy.
<b>Marriage and civil partnership<sup>8</sup></b>	Assisted Conception Treatment (ACT) for single women and those who are not married or in a civil partnership.	Positive	The draft NCL CCG policy specifies IUI and IVF is funded for eligible single women on the same basis as it is available for female same sex couples.
	Couples in a 'stable relationship' for a specified period of time. <sup>9</sup>	Positive	The draft NCL CCG policy does not stipulate this a requirement for service users to be in a "stable relationship" for a specified period of time.
	Access for single women compared to couples for fertility services.	Positive	The draft NCL CCG policy specifies IUI and IVF are funded for eligible single women on the same basis as it is available for female same sex couples.

<sup>8</sup><https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fbirthsdeathsandmarriages%2flivebirths%2fdatasets%2fbirthsbyparentscharacteristics%2f2019/parentscharacteristics201912112020134413.xls>

<sup>9</sup> NCL CCG Fertility Policy Review Recommendations report

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
<b>Pregnancy and maternity</b>	The NCL CCG Policy is to support those with a pathological issue to help them become pregnant. Multiple births are the single greatest risk of fertility treatment. <sup>10</sup> People entering fertility services with the aim of a single live birth may be impacted.	Positive / unknown	The policy states that embryo transfer strategies outlined in NICE CG156 should be followed in order to minimise the number of multiple births.
	The draft NCL CCG policy specifies that couples who already have a child together, including those with secondary infertility are currently excluded from NHS funded fertility treatment due to the 'previous child' criterion.	Negative	The CCG has a statutory duty to maintain financial balance. The CCG needs to focus resources on patients in most need. Investigations and other (medical/ surgical) treatments for infertility are not covered by the policy and may therefore be available for couples who already have a child together. Recommendation / mitigation (1)
	Some CCGs do not fund fertility treatments for couples where one individual in a couple has a child from a previous relationship. <sup>11</sup>	Negative	The draft NCL CCG policy specifies that ACT will be funded for eligible patients where at least one partner does not have a living child. Recommendation / mitigation (1)

<sup>10</sup> HFEA

<sup>11</sup> NCL CCG Fertility Policy Review Recommendations report

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
<b>Race/ethnicity<sup>12</sup></b> <sup>13</sup>	Mid 2019 estimates NCL demography and diversity of have 63% White and 37% BAME. <sup>14</sup>  Local specialists noted that age-related decline in fertility may occur sooner for Asian/ Chinese women compared to Caucasian and African women (Gleicher, 2012).	Positive / unknown	The NCL CCG policy on eligibility is inclusive of all race / ethnicities.  The age related criteria is not specific to race / ethnicity.
	It has been suggested by service users that ethnicity impacts on BMI and should be taken into account in relation to the BMI eligibility criterion for women.	Positive / unknown	The BMI criterion outlined in the proposed policy is consistent with NICE CG156 recommendations and the HFEA Commissioning Guide for Fertility Services.
<b>Religion/belief</b>	There are a number of religions that prohibit fertility treatments or aspects of fertility treatments (e.g. Muslim patients may not accept donor gametes; Catholic patients may not wish to create embryos that risk being discarded; orthodox Jewish men may not have surgical sperm retrieval).	Positive	Fertility clinics confirmed they are able to accommodate for patients with religious beliefs (e.g. creating 1 embryo at a time, electro ejaculation for those not allowed to masturbate). The NCL CCG draft policy states that up to six cycles of unstimulated IUI using partner sperm is funded for people with unexplained infertility, mild endometriosis or mild male factor infertility who have social, cultural or religious objections to IVF

<sup>12</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2019>

<sup>13</sup> <https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fbirthsdeathsandmarriages%2flivebirths%2fdatasets%2fparentscountryofbirth%2f2019/parentscountryofbirth2019.xlsx>

<sup>14</sup> <https://intranet.northcentrallondonccg.nhs.uk/downloads/Governing%20Body/Meeting/Diversity%20%20Equality%20and%20Inclusion.pptx>

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
<b>Sexual orientation</b>	<p>People in same sex relationships who wish to have their own biological children will need fertility treatment to achieve this (donor insemination for women and assisted conception treatments involving surrogates for men).</p> <p>The draft NCL CCG policy specifies that assisted conception treatments involving surrogates are not funded for any patient groups. This excludes male same sex couples from accessing NHS funded fertility treatments.</p>	Negative / unknown	<p>The draft NCL CCG policy specifies IUI and IVF is funded for eligible female same sex couples broadly consistent with NICE CG156 recommendations. NICE CG156 does not address surrogacy. The rationale for not funding ACT involving surrogacy for any patient groups is as follows: a surrogate is available only to those with means and, by parity of reasoning with the prohibition on mixing NHS and private care in one episode of care, ACT involving surrogates is not funded.</p> <p>NICE CG156 does not address surrogacy.</p>
	NICE CG156 recommends IUI for eligible people in same sex relationships.	Positive	<p>The draft NCL CCG policy specifies IUI and IVF is funded for eligible female same sex couples broadly consistent with NICE CG156 recommendations.</p>
	Heterosexual couples are required to try to conceive through unprotected intercourse for 1 year before accessing NHS investigations and 2 years before accessing NHS funded IVF. Survey respondents noted equitable equivalent criteria need to be determined for same sex couples, which take into account the cost of IUI in a clinical setting.	Positive	<p>The draft NCL CCG policy criteria on demonstrating infertility for eligibility for IVF are broadly consistent with NICE CG156 recommendations. In determining their recommendations on this topic, the NICE GDG discussed ethical and practical issues relating to 'equivalence' including time, financial cost, availability of donor sperm and practical difficulties.</p>

<b>Protected Group/Strands</b>	<b>Level of impact</b> Describe how the policy/service will impact the protected and disadvantaged groups based on the data available from local/NHS/national sources + the latest COVID 19 information. It's important that the relevant data is used in the analysis and referenced for robustness and relevance. <u>If the policy/service is not relevant to a group/strand then say 'N/R'.</u>	<b>Likely impact</b> See the keys at the end of the form	<b>Recommendation /mitigating action</b> Please reference by entering the number from the list on the next page.
			Investigations are outside of the scope of the draft policy.
<b>Disadvantaged groups</b> [homeless, unemployed, single parents, asylum seekers, victim of domestic violence]	Some patients who have frozen embryos from NHS funded cycles available may not be able to afford treatment using these.	Negative	Recommendation / mitigation (1)
	The draft policy states treatment will not be funded for women aged under 40 years if they have undergone 3 previous IVF cycles. For women aged 40-42 treatment is not funded if they have undergone any previous IVF cycles.  Patients who have previously undergone private treatment but can no longer afford this may therefore be ineligible for NHS funded treatment.	Negative / unknown	The draft policy is consistent with NICE CG156 recommendations.
<b>Human Rights</b> [how the policy/service will impact Human Rights of patients]	The development of the draft NCL Fertility policy builds on the opportunity for improving and promoting equality and human rights of our population.	Positive	The draft policy will have a positive impact on human rights, particularly Article 8: Right to respect for private and family life; Article 12: Right to marry and found a family.

## Recommendations/mitigating actions

No	Recommendation/mitigating action	Which protected group/strand does this cover	Lead Person and Organisation	Deadline/Review date
1	Across the country most, if not all, CCGs have a set of fertility policies addressing funding of assisted conception treatments such as in vitro fertilisation (IVF) and intrauterine insemination (IUI). The CCG has a statutory duty to maintain financial balance, which means that it must make judgements about the affordability of any proposed service for local patients. In developing this policy, the CCG has sought to adopt NICE guidance wherever feasible. However, the need to balance service access demands with affordability has meant that in some sections the policy may vary from the full recommendations made by NICE.	Age Pregnancy / maternity Disadvantaged groups	NCL CCG	October 2024
2	Other related speciality pathways (not specifically detailed in the policy), for example, where treatment is planned that might result in infertility (such as treatment for cancer) or where people are known to have chronic viral infections (e.g. HIV) and are concerned about their fertility are to be followed. Recommendations are that these services are aware of the new policy in order to reduce unwarranted variation.	Disability	NCL ICS	October 2024
3	This policy cannot anticipate every possible individual clinical presentation. Clinicians may submit Individual Funding Requests for patients who they consider to have exceptional clinical circumstances and whose needs are not fully addressed by this policy. The CCG will consider such requests in accordance with its policy on Individual Funding Requests.	All (where relevant as per case by case basis).	Individual Funding Request Panel	October 2024

Please send a copy of the EqIA with the original business case or policy for review to Emdad Haque at [emdad.haque@nhs.net](mailto:emdad.haque@nhs.net)

#### Keys explaining the impact-

- **Positive-** Evidence including the policy/service objectives indicate that this protected group/strand will benefit equally like their counterparts. It should be noted that the default policy intent of the CCG is to maximise opportunity for all groups.
- **Negative-** Evidence including the policy/service objectives indicate that this protected group/strand may not benefit and experience disadvantage compared to their counterparts.
- **Positive/unknown-** The policy/service intent is clear about the equality in access and outcomes in its objectives/goals – and evidence is required to demonstrate the actual positive impact.
- **Negative/unknown-** There is no hard evidence of likely negative impact but anecdotes and engagement outcomes suggest the likelihood of negative impact.
- **Not relevant-** The policy/service is not relevant to equality or this protected group/strand. The general rule of thumb is that all patient facing services are equality relevant.

## Appendix 1: Core Engagement Methods

- Review Questionnaire (hard copy available upon request, easy read version also available on request).
- Online version hosted on our website
- Shared with our key stakeholder database, which included Healthwatches, VCS groups, special interest groups, local authorities and local hospital patient/membership groups.
- Distributed to the North Central London Residents Panel – a group of nearly 1,000 local residents with an interest in health and care services
- Distributed via Next Door (online neighbourhood network) with close to 9,000 impressions across North Central London resident online timelines.
- Promoted via CCG public channels, notably social media, newsletters (to the wider NCL system and also our residents newsletter), news articles on our public-facing website and our intranet (recognising that our staff may wish to share their views).
- Information was shared by Provider organisations (not only those part of the North Central London system, but also those out of area who provide fertility services to our population), Healthwatches, local VCS, local authorities and other key partners through the Review period
- Shared with local general practice teams (both GPs and via Practice Managers and PPG Groups) across our boroughs via NCL CCG GP website and newsletter Public and service user-focused activity:
- Three open-access online events were run for members of the public. These events were spread throughout the engagement period and were run at different times of the day, with one held at the weekend in order to allow the greatest accessibility for attendees with differing responsibilities
- A service user focus group, supported by Fertility Network UK
- A resident focus group with LGBT men
- A resident focus group, hosted in collaboration with the Enfield Racial Equality Council, which particularly welcomed people from local ethnic minority communities and those with lived experience from across the five NCL boroughs
- A resident focus group held with residents whose country of origin was not the UK 12
- Outreach via fertility group social media channels, including a pre-recorded Instagram Live event with The LGBT Mummies Tribe, which had over 350 views
- A pre-recorded question and answer session with the Clinical Responsible Officer and Programme Director, which was shared on the CCG's YouTube channel and via social media platforms in collaboration with The LGBT Mummies Tribe
- In-depth interviews held with residents from local BAME and LGBT communities Wider stakeholder-focused activity:
- 1:1 briefings for key stakeholders and representative organisations
- Meetings with local organisations, including online groups, discussion sessions with groups
- In-depth interviews conducted with individuals with protected characteristics
- Attending/presenting at meetings organised by others, such as Healthwatch and local community groups, VCS organisations, PPG network meetings and local authorities
- Information shared with our communications counterparts in local authorities and Trusts General Practice-focused activity
- Presentation by CRO and Programme Director to webinar for all NCL Governing Body GPs and clinical leads. This webinar is held weekly and chaired by the Chair of the CCG's Governing Body.

- Presentations to Borough-based GP Forums in Barnet and Islington During the pre-engagement phase seventy eight organisations were contacted and invited to take part in the Review, as well as a wide range of stakeholders. During the engagement phase:
  - 52 people completed the survey
  - 44 people were involved in group discussions, public online sessions and interviews
  - 350+ people viewing a Mummies' Tribe Instagram Q&A session
- From the FPR public website you can see the number of times documents were downloaded by visitors to the webpage.
  - NCL Fertility Review Questionnaire – 103 downloads
  - Patient Leaflet – 131 downloads
  - NCL FPR Variations slide deck – 149 downloads
  - Barnet Fertility Policy – 111 downloads
  - Camden Fertility Policy – 106 downloads
  - Enfield Fertility Policy – 89 downloads
  - Haringey Fertility Policy – 113 downloads
  - Islington Fertility Policy – 84 downloads
  - NCL CCG Fertility Policies Review FAQs – 104 downloads
  - North Central London Fertility Policies Review - Easy Read Leaflet – 122 downloads
- 31 Tweets were sent from the NCL CCG's account which had 27,954 impressions on local stakeholder and resident twitter accounts raising awareness of the Fertility Policies Review.