

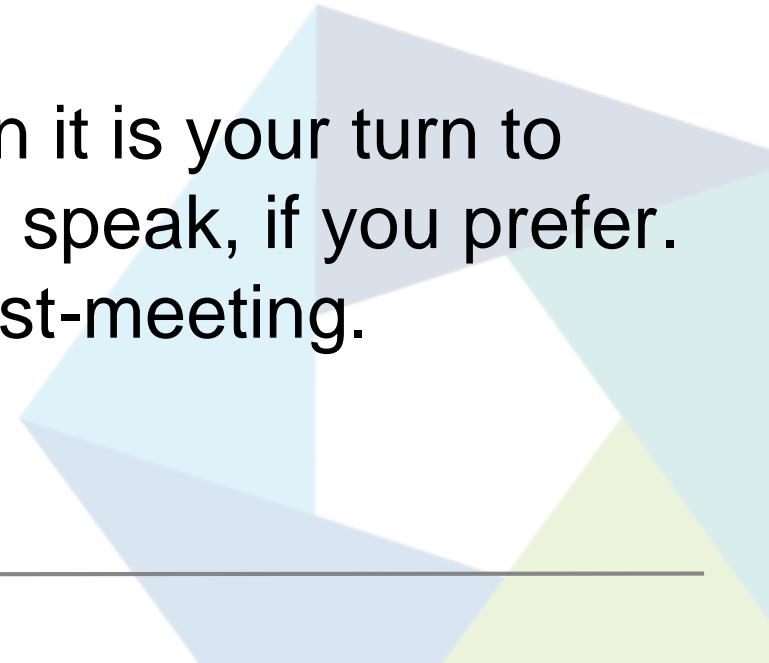


North Central London
Clinical Commissioning Group

Haringey NHS Engagement Network

Thursday 9 December 2021

Housekeeping

- Please put microphones on mute.
 - Please switch off your camera so that the session can run more smoothly.
 - If you would like to ask a question or make a comment, please submit on the Chat or 'raise your hand'. We will address these if time permits or answer post-meeting.
 - The Chair of the meeting will call your name when it is your turn to speak. You can switch your camera on when you speak, if you prefer.
 - The presentations and notes will be circulated post-meeting.
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Agenda



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- 2:30pm **Welcome** - Geoffrey Ocen, Chief Executive, Bridge Renewal Trust
 - 2:35pm **North Central London Fertility Policy development** – Delia O'Rourke, Head of Planned Care Commissioning, NCL CCG
 - 3:05pm **Primary Care Access** – Owen Sloman, Assistant Director Haringey Primary Care, NCL CCG
 - 3:55pm **Meeting review and Close**
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Developing a single Fertility Policy for North Central London

Introduction



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- In 2020, the clinical commissioning groups in Barnet, Camden, Enfield, Haringey and Islington joined to become the North Central London Clinical Commissioning Group (NCL CCG). Each CCG had an individual Fertility Policy and these are still being used.
- To inform the development of a new, single Fertility Policy the CCG undertook a Review – seeking views of patients, residents, clinicians and examining clinical evidence, national guidance etc. From this, a set of recommendations were produced to inform the development of a new single policy.
- A draft single policy has now been produced. We are seeking views on this, and the feedback we receive will be used to finalise the Policy.
- The engagement window is open for 12 weeks (22 November 2021 to 13 February 2022), and you can feed in views in a range of different ways (see slide 9).

What help is available to people wanting to conceive?

- There are a range of medicines and treatments available that can help people to conceive, and many of these are available through the NHS.
- Everyone's fertility 'journey' will differ depending on personal circumstances – for example, whether you are in a heterosexual couple, LGBT+ people or you are an individual who wants to conceive independently.
- Many people start by speaking to their GP – who will provide advice and may undertake, or refer a person or couple for, initial investigations. These can include blood tests, sperm -testing and scans.
- People may then be referred by their GP onto a specialist clinic (at a local hospital) that can prescribe fertility medicines and offer a range of different treatments.
- One of the most widely known treatments is *in-vitro fertilisation* (IVF) but, in fact, not all people who have difficulty conceiving will need a treatment such as IVF.

What is a fertility policy?

Every CCG in England has a fertility policy. Typically, a CCG fertility policy sets out:

- Assisted conception treatments (e.g. IVF, intrauterine insemination (IUI)) and other services (e.g. sperm washing for men living with HIV, freezing of eggs, sperm or embryos for people undergoing treatment that may affect fertility) that are available to patients in that area.
- The eligibility criteria patients must meet to receive these fertility treatments (e.g. age, smoking status).
- It is not possible for a fertility policy to anticipate every possible individual circumstance. Therefore, GPs can submit Individual Funding Requests for patients who have exceptional clinical circumstances.

Draft single fertility policy – anticipated benefits

- The draft policy represents a significant improvement for most of our population as it expands the provision of NHS-funded fertility treatment in a number of boroughs.
- If implemented, the policy would offer equitable provision of NHS-funded treatment across the five boroughs in North Central London.
- It is more closely aligned to NICE guidance than our current five policies (the main national clinical guidance used by CCGs).
- We have carefully considered the equality impact of the draft policy – on age, race, religion, sexual orientation, disability and other protected characteristics. Overall, it has a positive impact.
- Having a single policy in place would offer residents and clinicians greater clarity and consistency on the eligibility, provision and funding of specialist fertility treatments.
- By offering equitable and consistent access to specialist fertility treatments, we envisage this would also improve patients' experience.

Comparison table: draft NCL policy, national guidance and current policies

Policy aspect	Draft new policy	NICE recommendations	Current local policies				
			Barnet	Camden	Enfield	Haringey	Islington
No. IVF cycles in eligible women <40	6 embryo transfers from a max of 3 fresh cycles (all good quality frozen embryos should be transferred before starting next fresh cycle)	3 full cycles*	1 fresh + 1 frozen	3 fresh + 3 frozen	1 fresh + 1 frozen	1 fresh + 1 frozen	2 embryo transfers
IUI for eligible same sex couples	Up to 6 cycles funded for patients who have not got pregnant following 6 cycles of self-funded IUI	6 cycles for patients who have not got pregnant following 6 cycles of artificial insemination	Not funded	Not funded	Funded for patients who have not got pregnant following 6 cycles of self-funded IUI	Funded	Not funded
IVF and IUI using donor sperm	IVF and IUI and donor sperm funded for NICE recommended indications	Recommended for specific Indications***	IVF and IUI funded where donor sperm funded by patient	Not funded	IVF and IUI funded where donor sperm funded by patient	IVF and IUI funded where donor sperm funded by patient	IVF and IUI funded where donor sperm funded by patient
IVF using donor egg	IVF and donor egg funded for NICE recommended indications	Recommended for specific Indications***	IVF funded where donor egg funded by patient	Not funded	IVF funded where donor egg funded by patient	Not funded	IVF funded where donor egg funded by patient
Duration of trying to conceive by sexual intercourse **	2 years: applies to women of all ages	2 years; applies to women of all ages	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year	Aged <36: 2 years Aged ≥36: 1 year
Ovarian reserve criterion	Applies to women of all ages	Applies to women aged 40-42	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages	Applies to women of all ages

*Full cycle = 1 episode of ovarian stimulation plus transfer of any resultant fresh and frozen embryos.

Does not apply if there is a known cause of infertility where patients should be referred for IVF without delay. *www.nice.org.uk/guidance/cg156

Considerations in producing the draft policy

The development of the draft fertility policy was informed by:

- Establishing the evidence base, including reviewing NICE clinical guidance and other national guidance
- Examining the current position (characteristics of the local population (epidemiology), existing policies, current activity and expenditure)
- The potential impact of different scenarios estimated through modelling
- The views of stakeholders including specialist clinicians, residents, fertility service users, voluntary and community groups, fertility groups and others on our current policies, and what should be considered in the development of a new, single policy.
- Identification and consideration of potential equality and equity issues, especially for protected characteristics groups (defined by the Equality Act 2010).

This work shaped a set of recommendations to inform the development of a new single policy. The recommendations covered the policy, the communication and implementation of the policy and supporting the application of the policy and pathway. The Recommendations Report and a detailed report on the public engagement are available on our website: <https://northcentrallondonccg.nhs.uk/fertilitypolicies/>

What are your views on the draft single Fertility Policy?

We are seeking feedback from residents, fertility services and clinicians on the draft single policy. We would welcome your feedback:

- What are your views on the single draft policy?
- Do you have any specific concerns about any areas of the policy?
- Are there specific actions / changes you can suggest which would address your concerns?
- Is there anything else you would like to tell us about these proposals?

You may also want to share any experience of being referred for, or undergoing, fertility treatment under the NHS in North Central London.

What are your views on the draft single Fertility Policy?

In providing feedback, you may want to consider what the draft policy says on:

- Eligibility criteria for access to NHS treatment
- Assisted Conception Treatments (IVF and IUI)
- Assisted Conception Treatments using donated sperm and eggs
- Other Assisted Conception Treatments (surgical sperm retrieval, IUI and IVF involving surrogates)
- Assisted Conception Treatments for people with conditions other than infertility (people with HIV and conditions that may impact on future fertility)

We would be interested in your views on:

- How easy or difficult the draft Fertility Policy is to understand?
- Once approved, how we can make sure local residents are aware of the new, single Fertility Policy?

How to give your views

The engagement window is open for 12 weeks (22 November 2021 to 13 February 2022), and you can contribute your views and experiences in the following ways:

- By attending one of our public meetings
- By inviting us to a meeting
- By completing the online questionnaire (hard copies are available upon request)

You can access the opportunities via our website: www.northcentrallondonccg.nhs.uk/fertilitypolicies or you can contact us by:

Email: nclccg.fertility-development@nhs.net

Telephone: 020 3688 2038

The views you share will be carefully considered by the CCG as we finalise the single policy, and will inform planning for how we promote the policy when it is in place.



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Additional information on the draft policy

Key points in the draft policy

- IVF cycles – the draft policy proposes up to 6 embryo transfers, from a maximum of 3 fresh IVF cycles, are funded in eligible women under 40. This is broadly consistent with NICE guidelines, and is an increase compared to four current policies and equal to current provision in Camden.
- For eligible women aged 40-42 the draft policy proposes up to 2 embryo transfers from 1 fresh cycle; this is no change from the baseline position.
- Funding intrauterine insemination (IUI) for eligible female same sex couples and single women have not managed to conceive after 6 cycles of self-funded IUI – this was previously only funded in 2 boroughs.
- Female same sex couples (and others not trying to conceive though sexual intercourse) who do not have a known cause of infertility required to undergo 6 unsuccessful artificial insemination before they are eligible for NHS funded IUI (aligned with NICE guidance). The draft policy specifies this is to be undertaken in a fertility clinic, to ensure it is effective, safe and reduces legal risks for patients (this is not specified in NICE guidance).

Key points in the draft policy

- Ovarian reserve eligibility criteria included for women of all ages (varies from NICE guidance; which only recommends this for women aged 40-42). Low ovarian reserve is linked to a decreased chance of a live birth.
- Funding donor eggs and sperm for use in NHS fertility treatment – previously not funded in any boroughs.
- Women of all ages who do not have a diagnosis which indicates they will not conceive naturally, will need to try to conceive for 2 years before being eligible for IVF (aligned to NICE guidance) – current policies allow heterosexual women aged >36 to be referred for IVF after 1 year of trying to conceive.

Equality considerations

The draft policy:

- Is inclusive of individuals with HIV, physical disability, psychosexual problems, people undergoing cancer treatment, and undergoing gender reassignment.
- Accommodates couples with unexplained infertility, mild endometriosis or mild male factor infertility who have social, cultural or religious objections to undergoing IVF
- Follows NICE guidance on preserving donor gametes (e.g. eggs or sperm) where a person is about to undergo a procedure that could harm their gametes. This could include procedures such as chemotherapy or gender reassignment.
- Supports patients from different socio-economic backgrounds to access NHS fertility treatments by not requiring patients to pay for donor eggs or sperm to be used in their NHS treatment.
- Includes single women on the same basis as female same sex couples
- Follows NICE guidance on age of the woman, body mass index and no smoking eligibility criteria to access fertility treatment.

Equality considerations

However, the draft policy:

- Does not fund treatment involving surrogates for any patient groups*. This may impact on male same sex couples, single men and those with a disability that means they cannot carry a pregnancy.
- Only funds fertility treatment for people who do not already have a child (for those in a couple, at least one partner should not have a child), to prioritise those with the most need.

*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, Assisted Conception Treatments (ACTs) involving surrogates is not funded.



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Primary care access: Covid and beyond



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Improving primary care access

There is significantly increased demand for NHS services

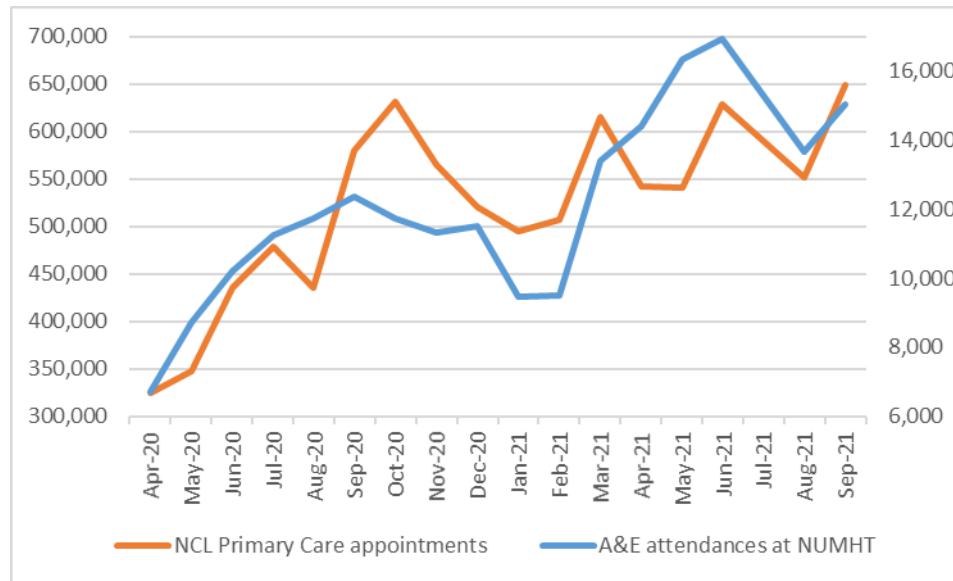


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Demand has built up during the pandemic. Recent figures from NHS Digital show general practices across England carried out nearly 3 million more appointments in March 2021 compared to March 2019. The following chart shows primary care appointments in NHS North Central London CCG between April 2020 and September 2021, contrasting with A&E attendances at North Middlesex University Hospital Trust.

Primary care appointments in NHS North Central London CCG and A&E attendances at North Middlesex, April 2020- September 2021

NCL Primary Care
Appointments per
month



Month

A&E attendances at
NUMHT

Haringey is working to improve primary care access



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- 1 **Telephony:** In response to Healthwatch mystery shopping, GPs agreed best practice principles for telephone messaging. (At least) five practices have invested in new telephone systems.
- 2 **New workforce models:** Introduction of awarding-winning Pharmacists, Physician Associates, Social Link Prescribers, Severe Mental Illness nurses
- 3 **Embedding effective triage:** Practices improving triage processes. Implementation of e-Consult. Practices reviewing their e-consultation tool for April 2022.
- 4 **Working with practices to improve performance:** Primary Care team uses comparative data to challenge practices. In the year ending March 2020, A&E attendances per head fell by 1.5%.

The 2021 national Ipsos-Mori survey had overall patient satisfaction in Haringey at 81%, four points better than 2020 and one point below national average. This is the highest score since 2014.

- 5 **Digital inclusion:** Practices asking patients on hypertension register to buy blood pressure machine, with loan offer if required. Working with Healthwatch on innovative digital inclusion project.
- 6 **Safe Surgeries:** Haringey leading borough in North London on practices' participation in initiative to register patients who do not have formal residential papers.
- 7 **Proactive Integrated Teams (PIT):** Initiative where GP, primary care nurse and pharmacist work through patients on elective waiting list with North Middlesex colleagues. East Haringey pioneer.

Winter Access Funding enables us to implement further responses



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Winter Access Funding will make a significant difference to access. NCL prioritising deprived areas.

1

Children's face to face clinic: Children's GP clinic to be provided in East Haringey out of hours through the winter months.

2

Additional primary care appointments, particularly face to face: Further funding for appointments in extended access clinics; Somerset Gardens, Lawrence House, Bounds Green, Hornsey Central

3

Reception/ admin staff resilience: Recruitment programme focused in East Haringey. Training programme around managing difficult conversations and wellbeing.

4

Communications campaign: Winter Resilience communication campaign will set out a zero tolerance approach to violence, aggression and intimidation.

Practices report a disturbing trend of abuse, intimidation and violence

Post lockdown, a disturbing trend has developed of increased abuse, intimidation and violence towards primary care staff. This is unacceptable in itself, harmful to victims and a significant risk to business continuity. About 1/3 of our practices are reporting concerns about not having enough reception and administrative staff on duty.

A patient said to one of the reception team he had put on weight during the lockdown. She laughed and said haven't we all. She had to bear witness to being called a black b**ch with blubber lips who had no right to speak to him in such a way.

A patient pushed past me and shoved me so hard that I crashed to the floor and hit my head on the water cooler.

Whilst standing outside on my way in, I was spat at. All very distressing and I have had to take days off for my mental health.

Last week one of the members of my team was called a f~*king b**ch when she advised a patient there were no more appointments left to book for that day. The patient didn't want to listen when she was then being offered an appointment with the "hub gp", the abuse was screamed down the phone and then slammed it down. The patient wanted to put a complaint in.

He got angry and put his hands through the gap in the reception window and grabbed my shirt and pulled me towards him whilst shouting at me 'you f*ing terrorist'.***



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Changing model of primary care

The individual general practice is the core of primary care

- In 2014, there were 54 practices in Haringey. There are now 35, with plans to reduce that number linked to estate moves.
- At one point Haringey 194th out of 195 CCGs on the national primary care workforce indicator, moving to 191st and then 180th.
- Prior to the NCL merger, Haringey had the lowest proportion of GPs to patients in NCL and the highest proportion of GPs aged over 55.
- Generation of GPs coming to retirement. Three GPs retired at the end of September 2021, with a combined experience in Haringey of more than 100 years.
- A primary care model of a larger number of small practices operating from terraced houses and shop fronts is coming to an end. We need to provide the physical environments in which people will choose to work.

Pictures from Dowsett Road surgery



We are securing once in a generation estate investment



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New building for West Green practice; April 2022



New building for Muswell Hill practice; May 2022



Wood Green Shopping City



New building for Charlton House practice; September 2022



Welbourne centre, opening October 2022



New Rutland House; summer 2023

Link to development of teaching practices.

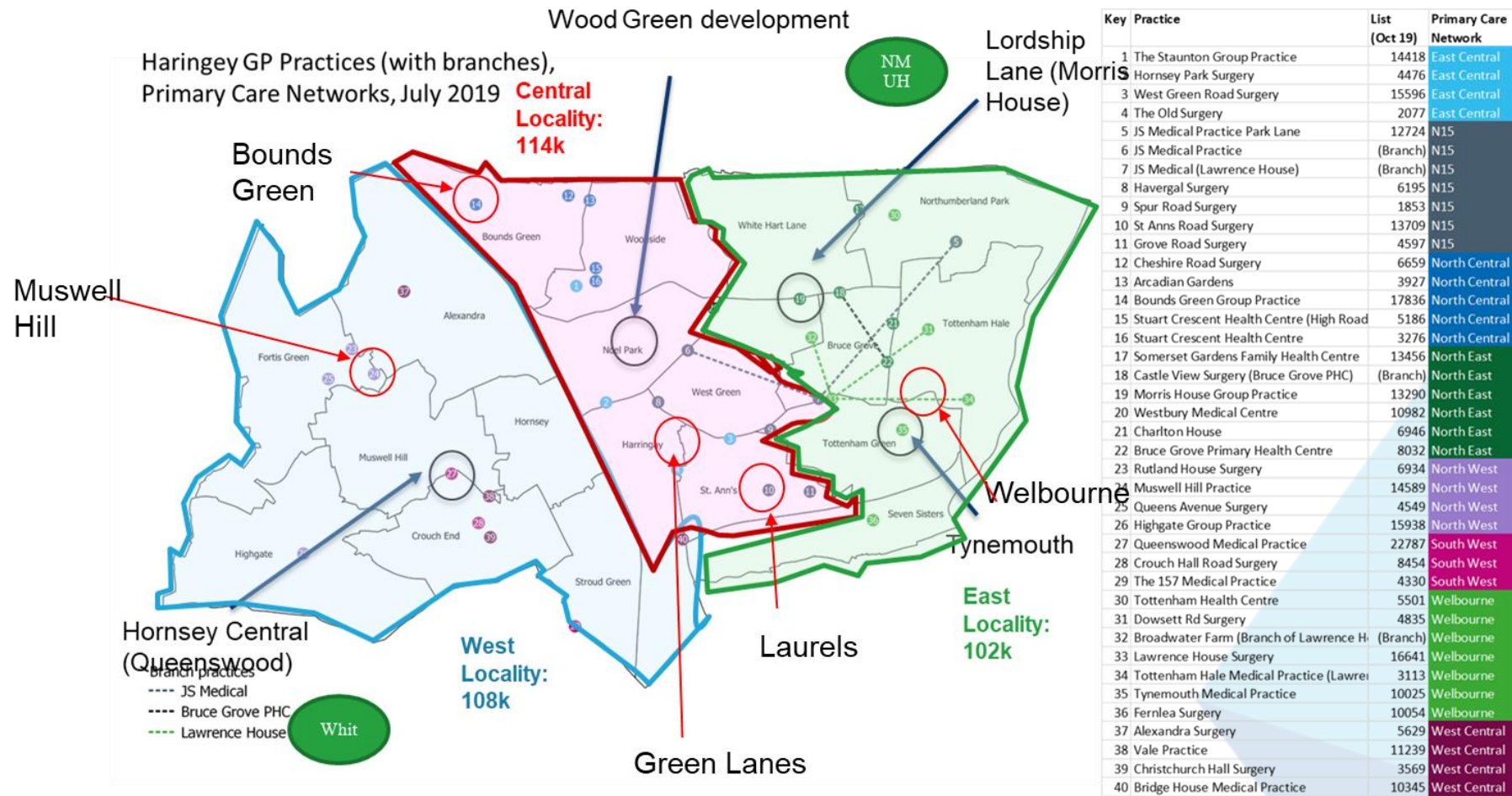
61% of patients served from teaching practices.

Practices in application process would increase that to 80% of patients.

The new structures are the foundation of an Integrated Care System



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Connecting with the community to deliver outcomes



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**“On behalf of all those we serve, thank you”
Father Ian Booth, Anglican Area Dean of Haringey**

Questions

- How can we work together to address unacceptable behaviour towards practice staff?
 - How can we improve relationships between practice staff and patients?
 - How can we engage patients and the community about new ways of working?
 - How can we embed positive community engagement going forward?
-



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Thank you!