

Policy for private fertility treatment

Created by: Caroline Prentice, Project Lead Access & Governance
Created on: 28th May '24
Review period: 12 monthly

Introduction

This purpose of this policy is to outline what the practice clinicians will or will not provide in terms of NHS tests and services, for patients that are undergoing private fertility treatment.

The practice has a “Policy for private tests and medication” which applies, however there are some tests and medication for private fertility treatment that the practice will make an exception for.

Rationale for not making an exception for this treatment

There is a risk that the practice could be seen to be discriminating against other patients, and so the reasoning for the provision of some part of NHS treatment for these particular private patients needs to be considered.

What will be provided ?

The care that will be provided will be the care that a pregnant patient would receive irrespective of whether the pregnancy was conceived naturally, or with the support of NHS fertility services, or private fertility services.

These would likely include:

- Urine test, for a UTI, as this is a routine test for any patient
- ACR urine test, as this is a routine test and a supporting diagnostic to manage gestational diabetes
- ECG, as this is a routine test where a need has been identified
- Pregnancy condition related medication – e.g. anti-emetics

Note that private appointment deadlines cannot dictate the urgency and increased priority of any tests, and that the patient will need to adopt NHS waiting times for each

test or procedure. Any private appointment times do not take precedence or change the urgency of the NHS test or procedure.

What will not be provided ?

- MRSA / MSSA swab and screening testing, or treatment and re-test – this is part of the ‘pre-op’ requirements, and does not fall within the scope of general practice
- Blood tests that associated with private fertility treatment or requested by the private specialist
- Blood tests to manage private medication or private medication titration
- Medication that is specifically fertility related – e.g. injectable FSH (administered during IVF), or an antibiotic to reduce bacteria in sperm – these are specialist reasons for prescribing, and outside of the GPs remit
- Pregnancy confirmatory blood test (as this is not provided for other pregnancies)
- Additional or early scans for pregnancy staging

Consideration for prescribing in the event of a future natural pregnancy after IVF

There are instances where a private specialist may recommend that the patient starts a specific medication (typically progesterone) in the event of a natural pregnancy in the future.

This recommendation will be considered at the time, and an ‘Advice and Guidance’ sent to Obstetrics and Gynaecology to seek NHS advice as to whether this remains appropriate and recommended for the patient, and that an NHS consultant would now be taking over this prescribing recommendation and subsequent care.