

Southend-on-Sea Borough Council

Agenda

Item No.

Report of Chief Executive to

People Scrutiny Committee – special meeting

On 18th September 2017

Report prepared by:
Fiona Abbott

Public Consultation on In Vitro Fertilisation (IVF) in Southend-on-Sea A Part 1 Agenda Item

1. Purpose of Report

NHS Southend Clinical Commissioning Group (CCG) are currently consulting on proposals to change their service restriction policy with regard to In Vitro Fertilisation (IVF) in Southend-on-Sea. The consultation runs from 26th July 2017 – 26th October 2017.

2. Recommendation

The Committee is asked to respond to the consultation document, which is attached at **Appendix 1**.

3. Background

- 3.1 At the Scrutiny Committee meeting in July 2017 I reported that the CCG was planning to consult on specialist fertility treatments.
- 3.2 The CCG currently funds 1 cycle of IVF treatment and as part of plans to manage its financial situation, the CCG is consulting on a proposal to stop routinely commissioning IVF and other assisted conception treatments other than for 2 specific exceptions (see paragraph 3.4 below). This consultation has now begun and runs from 26th July – 26th October 2017 and a copy is attached at **Appendix 1**.
- 3.3 In Southend approximately 50 patients access IVF services each year with a cost to the CCG of approximately £200,000 per year. The CCG understands that this will have a significant impact on those affected by the change.
- 3.4 The proposed new policy would still allow for patients to be referred from their GP to hospital for investigation into their infertility and some treatments such as drugs and some forms of surgery. The CCG would still continue to support local gynaecological services and access to these is not being restricted – further details on this can be found on page 5 of the consultation document.
- 3.5 However once patients have completed these investigations, the proposed policy would no longer fund patients requiring specialist fertility treatments apart from the following 2 exceptions:

- Fertility preservation will be offered to patients undergoing cancer treatment, or who have a disease or a condition requiring medical or surgical treatment, that has a significant likelihood of making them infertile.
 - Sperm washing will be provided to men who have a chronic viral infection (primarily HIV and whose female partner does not where intrauterine insemination is being considered. This is a risk reduction measure to limit the transmission of a serious, pre-existing viral conditions such as HIV to the woman and therefore potentially her unborn baby.)
- 3.6 Should the proposal be accepted it should be noted that the Individual Funding Request (IFR) process is available to patients (in exceptional circumstances).
- 3.7 The CCG also propose that that patients who have already been referred from secondary care (hospital services) to tertiary care (specialist fertility services) under the existing policy would complete their treatment. If the Governing Body agrees to the proposed new policy, it would apply to new referrals from secondary care to tertiary care made from the date of the governing body decision.

4. Health scrutiny role

- 4.1 Members of the Scrutiny Committee will no doubt have a number of questions on the proposals. The CCG have been invited to attend the meeting to answer and respond to questions and comments to assist the Committee in its deliberations. The CCG will also give an update on the responses to the consultation to date along with feedback from the workshops.
- 4.2 It should be noted that this is a consultation undertaken by Southend CCG rather than a joint consultation with Castle Point & Rochford CCG as was the case with the consultation considered earlier in the year on Gynaecomastia (enlargement of the male breast tissue); spine injections for back pain; implantation of toric lenses for corneal astigmatism during cataract surgery.
- 4.3 The consultation document mentions that the proposals do not follow NICE guidance and that the proposals are savings based (rather than effectiveness of interventions).
- 4.4 A possible proposal could be that the treatment is restored once CCGs financial position permitted and that the CCG review the decision in a specified period of time.

5. Corporate Implications

- 5.1 Contribution to Council's Vision and Critical Priorities – becoming an excellent organisation.
- 5.2 Financial Implications – dealt with by the CCG.
- 5.3 Legal Implications – the Scrutiny Committee exercises the health scrutiny function as set out in relevant legislation.
- 5.4 People Implications – none.
- 5.5 Property Implications – none.
- 5.6 Consultation – as described in report.
- 5.7 Equalities Impact Assessment – none.
- 5.8 Risk Assessment – none.

6. Background Papers

- Email sent to Cttee with consultation document – 26th July 2017
- Notification regarding special meeting – 17th August 2017

7. Appendix

Appendix 1 – consultation document