

People Scrutiny Committee

Public Consultation on
In Vitro Fertilisation (IVF)

18 September 2017




Southend
Clinical Commissioning Group

NHS Southend Clinical Commissioning Group

Dr José Garcia Lobera, Chair
Ian Stidston, Accountable Officer
Matt Rangué, Chief Nurse

18 September 2017




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INTRODUCTION

Dr José Garcia Lobera, Chair

18 September 2017



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The *NHS Five Year Forward View* was published in 2014

There are three key areas for change if the NHS is to be sustainable now and in the future:

1. health and wellbeing
2. quality of care
3. finance and efficiency

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In order to reflect these expectations locally, we are reviewing *all* the services we commission.

This is so we can address gaps highlighted in the *Five Year Forward View* and ensure local NHS services are safe, effective and sustainable.

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Within Southend-on-Sea, the on-going rise in demand for services and the associated increase in costs mean we need to make savings in excess of £18.2 million.

As of this month, we have identified a risk of £7m within this financial year.

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In order to ensure we are making the best use of local resources we have already reviewed a number of local services including:

1. gluten-free food on prescription
2. restrictions to orthopaedic surgery
3. toric lens implantation during cataract surgery
4. spinal injections for back-related pain
5. gynaecomastia

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We are now reviewing the provision of in vitro fertilisation (IVF) on the NHS.

The consultation runs for three months from 26 July to 26 October 2017.

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IVF became available on the NHS across the UK after 2005 when the Health Secretary at that time, John Reid, said women under 40 would be offered one IVF cycle.

More recently, the commissioning of IVF services became the responsibility of Clinical Commissioning Groups.

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Specialist fertility treatments include:

1. Intrauterine insemination (IUI) where sperm is placed into the womb through a fine plastic tube
2. In-vitro fertilisation (IVF) where the fertilisation of the egg occurs outside the body
3. Egg and sperm donation where the patient receives eggs or sperm from a donor to help conception. Treatment with donor eggs is usually carried out using IVF

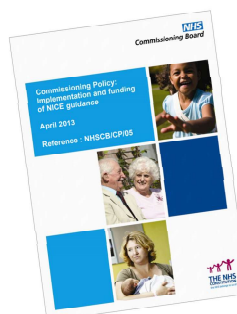
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NICE clinical guidelines on infertility are not statutory but offer best practice for assisting people of reproductive age who are experiencing problems conceiving.

The guidelines include several recommendations including:

- Women under 40 who meet certain criteria can be offered 3 full cycles of IVF.
- Women aged between 40 and 42 who meet certain criteria can be offered 1 full cycle of IVF.
- Access to fertility treatment should be after a two year period of infertility with the same partner.

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NHS Commissioning Guidance 2013

"Given that demand for healthcare is greater than the resources available prioritisation of competing needs cannot be avoided.

"At present it is not possible to fully implement all NICE Guidance on the grounds of affordability.

"This situation also applies to guidance issued by other bodies such as clinical guidelines and standards produced by professional bodies."

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The Department of Health has confirmed the level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs).

This should take into account the needs of the population overall.

The CCG's decisions are underpinned by clinical insight and knowledge of local healthcare needs. As such, provision of services will vary in response to local needs.

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The number of patients using the service in Southend-on-Sea varies over time but averages at about 50 patients a year with a cost to the CCG of approximately £200,000 per year.

Our current restrictions within Southend-on-Sea for IVF:

- Access is available after three years of unexplained infertility (this time limit does not apply where there is a diagnosed cause of infertility)
- No funding if either in the couple already has a child
- Two cycles to women up to 39/one cycle to women aged 40-42
- Registered with a GP in the area for 12+ months
- BMI between 19-30 for the female, less than 35 for the male
- Smokers are not eligible

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In vitro fertilisation is often unsuccessful with success rates between 2% and 32%, mainly depending on the age of the mother.

Therefore, if this procedure were no longer funded it would not be the case that every patient would otherwise have had a baby.

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We propose that we would no longer routinely fund IVF and other assisted conception treatments other than:

1. fertility preservation for 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
2. 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.

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We will continue to provide a range of services to people who need help with fertility issues, both in primary care and in our local hospitals, including:

- the standard investigation of causes of infertility;
- non-specialist treatments such as physical and hormonal therapy;
- management of ovulation disorders;
- management of tubal and uterine abnormalities;
- medical and surgical management of endometriosis;
- medical and surgical management of male infertility; and
- management of ejaculatory failure

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IVF is not routinely funded in many other areas already. Within Essex this includes:

Basildon and Brentwood Clinical Commissioning Group


Mid Essex Clinical Commissioning Group

North East Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is currently looking at the provision of IVF and specialist fertility services.

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PUBLIC CONSULTATION
Ian Stidston, Accountable Officer

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What is a consultation?


A public consultation is a formal way for the NHS to gather views on a change to a local service.

It is designed so local people can ensure their voice is heard and taken into account.

Although the outcome of a consultation is not binding (that is to say it is not a referendum) all comments and feedback are reviewed and, where ever possible, taken fully into account.

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Who has responded so far?

The public consultation started on 26 July and concludes on 26 October 2017

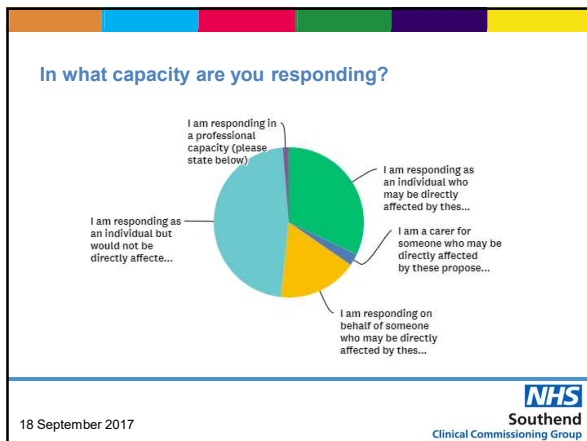
So far 234 people have completed the online survey

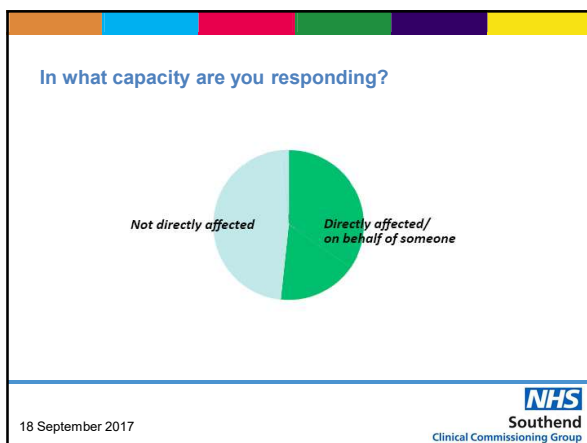
Our first workshops were held on Friday 15 September during the day

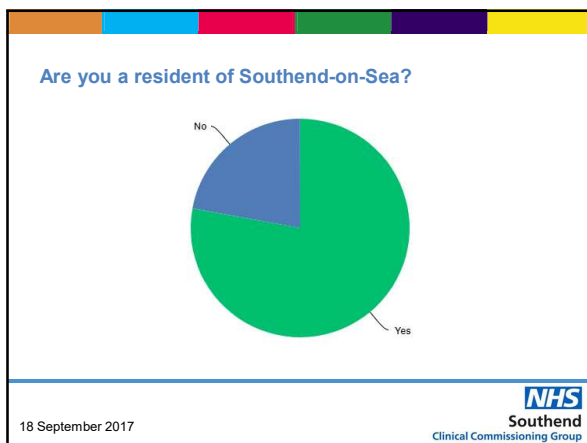
Evening workshops are now being planned for either late September/early October

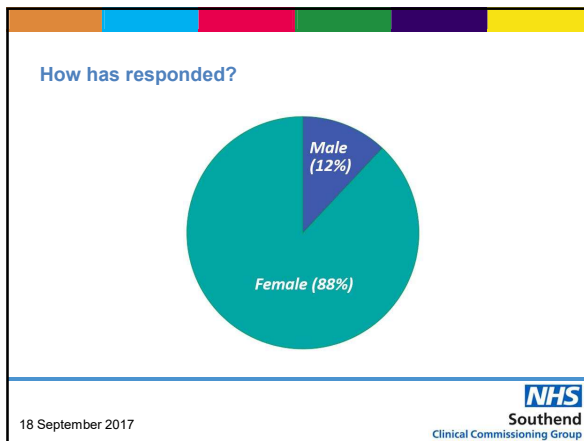
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What are people saying?

Devastating Impact Dependent Decision Strain
 Extremely Nurses Proposal Limits Pay
 Woman should be Given IVF Treatment
 Unexplained Fertility Couples Medical Problem
 NHS Payment Children Existing Family Luxury
 Mental Health Purpose Important Consequences
 Self
 Inflicted Instead Conception Financial Position

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Questions

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