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SOUTHEND-ON-SEA BOROUGH COUNCIL

**People Scrutiny Committee  
Special Meeting**

**Date: Monday 18<sup>th</sup> September, 2017 @ 18.00  
Place: Committee Room 1 - Civic Suite**

**Contact: Fiona Abbott – Principal Democratic Services Officer  
Email: [committeesection@southend.gov.uk](mailto:committeesection@southend.gov.uk)**

**AGENDA**

**\*\*\*\* Part 1**

- 1 Apologies for Absence**
- 2 Declarations of Interest**
- 3 Questions from Members of the Public**

*[Note – as this is a special meeting, questions must relate to the business included in the agenda for the meeting].*

**\*\*\*\* OTHER SCRUTINY MATTERS**

- 4 Public Consultation on In Vitro Fertilisation (IVF) in Southend-on-Sea  
Report of Chief Executive (attached)**

At the meeting representatives from NHS Southend CCG and the Hospital Trust will be attending the meeting to provide an update on the consultation and answer Members' questions.

- 5 Mid and South Essex Sustainability and Transformation Plan  
Report of Chief Executive (to follow)**

**TO: The Chairman & Members of the People Scrutiny Committee:**

Councillor C Nevin (Chair), Councillor L Davies (Vice-Chair)  
Councillors B Arscott, M Borton, H Boyd, A Bright, S Buckley, M Butler, A Chalk, C Endersby, D Garston, S Habermel, A Jones, C Mulroney, G Phillips, M Stafford and C Walker

Co-opted Members

Church of England Diocese –  
E Lusty (Voting on Education matters only)

Roman Catholic Diocese –  
VACANT (Voting on Education matters only)

Parent Governors

- (i) M Rickett (Voting on Education matters only)
- (ii) VACANT (Voting on Education matters only)

SAVS – A Semmence (Non-Voting)  
Healthwatch Southend – L Crabb (Non-Voting)  
Southend Carers Forum – T Watts (Non-Voting)

Observers

- Youth Council -
- (i) E Feddon (Non-voting)
  - (ii) N Ahmed (Non-Voting)

# Southend-on-Sea Borough Council

Agenda  
Item No.

4

Report of Chief Executive  
to  
People Scrutiny Committee – special meeting

On 18<sup>th</sup> September 2017

Report prepared by:  
Fiona Abbott

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

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## 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 26<sup>th</sup> July 2017 – 26<sup>th</sup> 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 26<sup>th</sup> July – 26<sup>th</sup> 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 – 26<sup>th</sup> July 2017
- Notification regarding special meeting – 17<sup>th</sup> August 2017

## **7. Appendix**

### **Appendix 1 – consultation document**

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**Public Consultation on  
In Vitro Fertilisation (IVF)  
in Southend-on-Sea  
26 July 2017 – 26 October 2017**

# 1. INTRODUCTION

Nationally the NHS continues to face big challenges in meeting the needs of the population, and within south east Essex we continue to see increasing pressure and demand on health and care services. The NHS Five Year Forward View (FYFV) was published in 2014 and outlines three key areas for change that are needed if the NHS is going to be sustainable now and in the future, which are (i) health and wellbeing, (ii) quality of care and (iii) NHS finance and efficiency.

In order to reflect these expectations locally, NHS Southend CCG is reviewing all the services it commissions to address gaps highlighted in the FYFV and so ensure local NHS services are safe, effective and sustainable. A lot of work has already taken place locally focussing on people living healthier lives and we are working more closely with partner organisations, including other CCGs and local authorities, to provide high quality care. However the on-going rise in demand for services and the associated increase in costs mean we need to make savings in excess of £13 million in 2017/18 in Southend.

We must ensure treatments and procedures provided locally are based on good clinical evidence and value. Therefore, we want to make some changes to services we currently provide and this consultation document gives you information about those changes. This is your opportunity to offer your views.

## **What has the CCG already done?**

The CCG has already made some significant prioritisation decisions, for example restrictions to procedures of limited clinical value provided on the NHS, Gluten Free food on NHS prescription and a reduction in overhead costs. The CCG is ensuring that all referrals for treatment adhere strictly to clinical thresholds and/or they meet agreed clinical criteria. This is to ensure that if there were two patients with the same circumstances, they would be treated consistently.

We are now reviewing the provision of in vitro fertilisation (IVF) on the NHS. The consultation is open for three months, from 26 July 2017 to 26 October 2017. The questionnaire is also available online at [www.surveymonkey.co.uk/r/sosivf](http://www.surveymonkey.co.uk/r/sosivf). If you need more information about this consultation or would like the consultation document in another format please contact paulilett@nhs.net or call 01702 314299.



Dr José Garcia Lobera, Chair, NHS Southend CCG



## 2. WHAT IS A CCG?

A CCG is a local NHS organisation which was created by the Health and Social Care Act 2012. As more than 90% of patients' contact with the NHS is with their GP, CCGs were created to enable GPs to buy the services that their patients need.

All GP practices within a given area now work together as a Clinical Commissioning Group (CCG) to buy most of the services that they refer their patients on to such as hospital, mental health and community services. The CCG is led by a Governing Body of elected local GPs supported by other clinicians and NHS managers.

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## 3. HOW WE COMMISSION NHS SERVICES

The NHS is funded through taxation and this provides a fixed budget to buy and provide health services for the whole population. Commissioning health services is about understanding the health of a population group, planning what services to purchase to meet those needs and monitoring the quality of services that are delivered. NHS Southend CCG is responsible for the borough of Southend.

They decide which health services to purchase for their population. NHS England is responsible for direct commissioning of services outside the remit of clinical commissioning groups.

The challenge faced by organisations across the NHS is how to spend their allocated budgets in a way that benefits the health of the whole population while ensuring that services also meet the needs of individuals and delivers value for money.

With a growing population and rising demand for services, CCGs have to evaluate every service they commission to see if they offer good quality, value for money and an effective and equitable way of using our resources.

## 4. WHAT IS THIS DOCUMENT ABOUT?

The CCG has some difficult decisions to make about the prioritisation of funds for 2017 and beyond. This document sets out changes we wish to make which will reduce the availability of some specialist fertility treatments and procedures currently offered to patients living in Southend-on-Sea.

We have always tried to ensure patients in Southend have access to the fullest range of treatments and procedures as possible, in line with national guidance from the National Institute for Health and Care Excellence (NICE).

However we have limited resources and demand for health care services has continued to rise within the borough. As such, we need to ensure we only offer treatments and procedures which are:

- clinically proven to be effective
- beneficial to patients
- affordable within available funding

We also need to more closely align the services we offer with other CCG areas in the county, to minimise a perception of a 'post code lottery' for health services within Essex.

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## 5. WHY WE ARE PROPOSING A CHANGE?

When looking at the prioritisation of funds, GP and clinical leaders have come to the difficult conclusion that specialist fertility treatment is an area we should review and would like your views.

The CCG has finite resources to fund a whole range of health services and treatments. Specialist fertility services are expensive treatments. There is a real need to consider the value of funding this treatment at the current time compared with all other NHS treatments and services.

Other investigations and clinical interventions that can improve fertility for couples are widely available via NHS services before the need to access specialist fertility services. **These other services will not be affected by this proposal.** Typically, when a couple has trouble having a child, they would initially go to their doctor who will then take a thorough history including the length of time they may have been trying, previous pregnancies, any difficulties they may have having sex, and any others that may be affect the chance of conception, such as medical history, alcohol,

medications, weight and smoking. There is likely to be a physical examination of both partners, and blood tests, scans, swabs or semen samples are often taken. Following assessment drugs are sometimes prescribed or, on occasion, surgery (if for example there is blockage preventing the sperm from reaching the eggs). A more detailed description of these unaffected services can be found at: <http://www.nhs.uk/conditions/infertility/pages/diagnosis.aspx>

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.

At the present time patients may receive one cycle or more cycles of IVF to women dependent on age. Local residents currently have access to IVF treatment after three years for unexplained infertility (this does not apply where there is a diagnosed cause of infertility). There are already some restrictions in place, for example based on minimum residency and smoking status. Full details and eligibility criteria of the present policy can be found within a service restriction policy available at [www.southendccg.nhs.uk](http://www.southendccg.nhs.uk) and is available on request from the CCG.

### **NICE Guidance**

The National Institute for Health and Care Excellence (NICE) is an organisation that provides national best practice for the NHS to follow. NICE Clinical Guidelines on infertility were revised in 2013. These guidelines are not statutory but offer best practice for assisting people of reproductive age who are experiencing problems conceiving. The revised guidelines included 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.

Full details can be found at: <http://www.nice.org.uk/Guidance/CG156>

While the NICE guidance is recognised as national best practice, it remains for CCGs across England to determine the services they will commission locally. Full implementation of this guidance is not currently affordable for the NHS in Southend.

On this point the Department of Health has confirmed that 'the level of provision of infertility treatment, as for all health services they commission, is decided by local clinical commissioning groups (CCGs) and will 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.

The number of patients using the services described in this consultation varies over time but averages at approximately 50 patients a year, with a cost to the CCG of approximately £200,000 per year. The CCG is aware that this proposal would have a

significant impact on those affected by this proposed change. 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.

The Clinical Commissioning Group is also mindful that NHS does not reduce services disproportionately used by the less well off.

A recent study of the records of over 1.7 million women in the UK found that overall, women from deprived backgrounds had similar consultation rates for fertility problems than their less deprived counterparts, although it was noted that they tended to go to the doctor at an earlier age. The full draft quality and equality impact assessments, including the characteristics protected in the Equality Act, can be found in the December 2016 Governing Body Papers at [southendccg.nhs.uk](http://southendccg.nhs.uk)

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## 6. WHAT CHANGES ARE BEING PROPOSED?

Infertility is when a couple cannot get pregnant (conceive) despite having regular unprotected sex. The proposed new policy would still allow for patients to be referred from their GP to their local hospital for investigation into their infertility, and some treatments such as drugs and some forms of surgery.

The CCG will continue to support the local gynaecological services and access to these is not being restricted. There is a range of services available to people who need help with fertility issues, both in primary care and in our local hospitals. Services provided by the gynaecology clinics in the local hospitals include:

- ✓ 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.

However once a patient had completed these investigations, the proposed policy would no longer fund patients requiring specialist fertility treatments apart from the exceptions set out above.

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.

We propose that we would no longer routinely fund IVF and other assisted conception treatments other than for two specified exceptions below:

- 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; and
- 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 condition such as HIV to the woman and therefore, potentially, her unborn baby.

In both the above circumstances, the use of specialist fertility services to subsequently conceive a child using the preserved eggs or sperm, or the washed sperm, would not routinely be funded.

It is proposed 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.

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### **Individual Funding Request process**

Should this proposal be accepted the Individual Funding Request (IFR) process will not be affected.

If a patient feels that they should have a treatment not funded by the Clinical Commissioning Group, it is possible for a patient to submit an individual funding request (IFR) to demonstrate an exceptional circumstance.

Any application needs to be made on behalf of the patient by a clinician and the key point to remember is the need to demonstrate the exceptionality of the case i.e. why the patient should receive treatment which is outside the CCG's current funding arrangements. Further information can be found on the CCG website at [www.southendccg.nhs.uk](http://www.southendccg.nhs.uk)

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## 7. HOW ARE WE ENGAGING ON THIS PROPOSAL?

We are now inviting local people, patients, stakeholders and clinicians to tell us their views on our proposal by:

- Completing our questionnaire, either online or by completing a paper version
- Attending one of two workshops to be held during the three-month consultation and talking to us face to face
- Writing to us

### **SURVEY**

After reading this document, please complete the following questionnaire. Your responses will be used to produce a report which will help to inform your CCG's final decision. You do not need a stamp so please return this questionnaire to:

**IVF Consultation  
NHS Southend CCG  
Harcourt House  
5-15 Harcourt Avenue  
Southend-on-Sea  
Essex SS2 6HT**

Or you can complete the same survey online at  
[www.surveymonkey.co.uk/r/sosivf](http://www.surveymonkey.co.uk/r/sosivf)

### **WORKSHOP**

We will also be holding a number of workshops where you can discuss these changes directly with some of our GPs. The dates for these will be announced shortly.

### **WRITE TO US**

Please send letters to the same postal address as above.

Please send emails to [SCCG.Communications@nhs.net](mailto:SCCG.Communications@nhs.net) and add 'IVF Consultation' to the subject bar.

## QUESTIONS

We would like to hear your views on our proposal to change our Service Restriction Policy. We would particularly like to hear from those affected by the proposals, but everyone's views are welcome as this consultation affects the way the local NHS spends public money on healthcare.

1. Please select the option below which best relates to you.	
<input type="checkbox"/>	I am responding as an individual who may be directly affected by these proposed changes
<input type="checkbox"/>	I am a carer for someone who may be directly affected by these proposed changes (this includes parents)
<input type="checkbox"/>	I am responding on behalf of someone who may be directly affected by these proposed changes
<input type="checkbox"/>	I am responding as an individual but would not be directly affected by these proposed changes
<input type="checkbox"/>	I am responding on behalf of an organisation (please state below)
<input type="checkbox"/>	I am responding in a professional capacity (please state below)

2. Do you live in Southend-on-Sea?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No



<b>3. Which GP Practice are you registered with?</b>	
Name of Practice	
Address	

<b>4. What are your views regarding IVF and other assisted conception treatments?</b>	
	IVF and other assisted conception treatments should no longer be routinely funded and should require an individual funding request (IFR) to demonstrate an exceptional circumstance
	IVF and other assisted conception treatments should continue to be funded with no change
	Don't Know

**6. Please use this section to add any other comments you feel would help the CCG make its decision on these proposals.**

**7. We would like to obtain views through this survey from all parts of our community. To help with this, we would be grateful if you could answer a few questions. Any information you provide will remain anonymous.**

Your year of birth	
Your gender	
Your ethnic origin	
Your sexual orientation	
Your religion or belief	
Do you consider yourself to have a disability? (please state)	

**8. If you would like us to provide you with an update on this proposal, please give us your name and email address so we can contact you:**

Name	
Email	
Postal Address (incl. postcode)	

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