
Feedback report

Consultation: IVF provision in Bury

Executive summary

A six week consultation period in relation to IVF provision in Bury ran from 6th August to 16th September 2018 inclusive.

The Governing Body will consider this consultation feedback reports at its meeting on 26th September 2018.

An important part of the consultation was to offer the opportunity for people to highlight if they felt the CCG had failed to consider something significant, before coming to a decision.

The key points from the feedback are summarised below:

- 437 individuals completed the consultation survey.
- Of those that responded to the survey (figures rounded to the nearest %):
 - Over 55% described themselves as a patient, and 75% said they were registered with a GP Practice in Bury.
 - 93% said they understood why the CCG explored all areas of spend to identify where savings could be achieved; and 83% said they understood the reasons why the CCG was reviewing the level of funding for IVF services.
 - 28% strongly agreed or agreed with the proposal to review the level of funding for IVF services in Bury. 67% did not.
 - 40% said that if the level of funding for IVF services in Bury was reduced, that they felt the decision would affect them directly.
 - 32% responded that they felt a reduction in provision (to two, one or zero cycles) was appropriate, with the remainder 68% having a preference for the CCG to continue to offer up to three funded cycles of IVF.
- Verbatim /other feedback received via the survey and wider consultation included:
 - Concern of the impact of a reduction in IVF provision on mental health.
 - The potential impact of a reduction in IVF provision on increasing inequalities.
 - Concern that some individuals would not be able to afford private treatment and therefore would be left without choice or children.
 - Some support for a reduction (but not zero) and prioritisation of services to save lives or improve health and wellbeing.
 - Suggestions of others areas the CCG should explore to make savings.

- Clarity sought on other areas that have been considered to make savings, why IVF is considered a lower priority and noting the relatively small potential savings in this area.
- The importance of treating infertility like other medical conditions.
- The importance of considering exceptionality i.e. IVF after a cancer diagnosis / a genetic reason for infertility.
- Feedback from individuals with a personal experience of IVF including success at cycle three.
- Concern about individuals seeking care overseas.
- Consideration of lower cost IVF from a private provider.
- Bury's Health, Overview and Scrutiny Committee considered IVF at its meeting on 6th September 2018. The Committee accepted the rationale for the proposed changes, in particular the wider financial pressures currently facing the CCG and the inability of the CCG to continue to address the financial gap through the use of non-recurrent monies. In light of the financial pressures, Members resolved not to specify a preference with regards to the number of IVF cycles stating only, that a service must still be provided (not option 4). Members of the Committee agreed unanimously that a reduction in the number of IVF cycles, would still allow safe, sustainable and accessible services for the local population.

About NHS Bury Clinical Commissioning Group (CCG)

NHS Bury CCG commissions (buys) health services for the local area with doctors and other health care professionals making decisions about local services.

The CCG has a budget to plan and purchase a range of health services including those provided in hospitals and in the community, including GP services.

The Governing Body (Board) of the CCG oversees the work of the organisation and sets its priorities and direction. The Board is made up of doctors and other health care professionals and members represent the interests of patients, carers and local people.

About IVF

In Vitro Fertilisation (IVF) is one of several techniques available to try to help people with fertility problems have a baby.

During IVF, an egg is removed from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

It can be carried out using your eggs and your partner's sperm, or eggs and sperm from donors.

One cycle of IVF comprises an episode of stimulation of ovarian function which hopefully results in one to several eggs being harvested. After eggs are harvested, the best ones

are fertilised and the most viable embryo is then implanted in the womb. Any other fertilised eggs that are viable are frozen.

A cycle completes either with the birth of a baby or when all the viable embryos have been implanted, generally one at a time.

Purpose of the consultation

Through the six week **consultation** process the CCG aimed to capture views from patients registered with a Bury GP practice, Bury health care professionals and other local interested parties on proposals to review the current policy in relation to commissioning IVF services before a formal decision is made at the September 2018 meeting of the Governing Body.

The purpose of the consultation exercise was:

- To inform local people, stakeholders and health care professionals about proposals to review the current policy in relation to commissioning IVF services.
- To capture the views and feedback from all identified stakeholders including local people, health care professionals, local third sector organisations and groups.
- To identify any concerns about the proposals.
- To answer any questions about the proposals.

Due to colleague availability, Healthwatch Bury were unable to independently review the consultation report write up in advance of this being presented to the Governing Body in September. Neighbouring Healthwatch organisations in Oldham and Rochdale were also approached with a view to providing this additional scrutiny, however, were unable to assist on this occasion.

The case for change

- The CCG has a duty to live within its financial allocation and to break even (balance the books) each year.
- Whilst the CCG has moved from being one of the most underfunded CCGs to starting to close the financial gap, challenges still remain.
- In recent years the CCG has been able to manage expected financial gaps through the use of non-recurrent (one off) monies, unfortunately these opportunities are now very limited and more radical solutions need to be identified to close the expected financial gap (deficit).
- The CCG explored all areas of spend in relation to cost effectiveness, clinical outcomes and essential services.
- NICE fertility guidelines make recommendations about who should have access to IVF treatment on the NHS in England and Wales. However, the final decision about who can have NHS funded IVF in England is made by local CCGs whose criteria may be stricter than those recommended by NICE.
- In assessing the clinical and cost effectiveness of IVF, evidence shows that this falls as age increases, and falls with each unsuccessful cycle.

- The CCG is currently one of only four CCGs in the country that provides IVF fully in line with NICE guidelines, including offering up to three funded cycles, which does not place further eligibility restrictions around living children from previous relationships*.
- The majority of CCGs in the country provide one funded cycle of IVF.
- The CCG's Clinical Cabinet and Governing Body consider that other types of healthcare should take priority over the current level of funding for IVF services.

The proposal

The CCG understands that infertility is a very difficult issue for those affected by it. As part of its review of all commissioned services in Bury, the CCG has been faced with difficult decisions, including considering whether IVF services should continue to be funded as they currently are.

Maintaining the current level of provision of IVF would mean the CCG would need to consider other areas of healthcare in order to make the required savings.

Thinking about the case for change which was available in a detailed [consultation document](#), views on a range of options were sought, as follows:

Option 1	Continue to offer up to three funded cycles of IVF in line with NICE guidelines
Option 2	A reduction in provision to up to two funded cycles of IVF
Option 3	A reduction in provision to one funded cycle of IVF
Option 4	Moving to zero cycles and therefore no longer funding IVF services

Other than the number of cycles, options 2 and 3 would continue to be compliant with NICE guidelines in terms of access criteria.

The consultation document highlighted that if any service was no longer routinely provided through the NHS, an individual funding request could be put forward where there were felt to be exceptional circumstances.

Approaches and mechanisms used to promote the consultation

- An online survey was made available, which was also available in paper format on request (Appendix 1).
- Requests for presentations to specific groups or meetings were welcomed.
- Views could be sent to the CCG by letter or by e-mail.

The opportunity to take part in the consultation was promoted through the following mechanisms and networks:

- Press release/s at the start and mid-way point of the consultation period.
- Development of an FAQ document based on feedback received.
- CCG website content including on the home page.
- Promotion through social media platforms.

- Content on GP practice information screens.
- Advertisement on the Bury Directory.
- Health Matters E-News issued.
- Promotion through all existing networks including through Voluntary, Community and Faith Sector organisations, Healthwatch Bury, seeking support from groups (i.e. Fertility Network and Fertility Fairness) and local GP practices.
- An interview with ITV Granada Reports was screened on 8th August 2018.

Feedback received

Survey

QUESTION 1: You are mainly responding as a: Patient; Carer; Healthcare professional; An interested party responding on behalf of an organisation or other.

The majority of respondents described themselves as a patient 55.28%, with 16.74% of respondents describing themselves as a healthcare professional.

Answer Choices	Responses	
A patient	55.28%	241
A carer	0.92%	4
A healthcare professional	16.74%	73
An interested party responding on behalf of an organisation	5.28%	23
Other (please specify)	21.79%	95

QUESTION 2: Are you registered with a GP in one of the areas of Bury?

Over three quarters of respondents said they were registered with a GP practice in Bury.

Answer Choices	Responses	
Yes	75.23%	328
No	24.77%	108

QUESTION 3: Do you understand why the CCG explored all areas of spend to identify where savings could be achieved?

The vast majority, 93.10% of respondents, said they understood why the CCG explored all areas of spend to identify where savings could be achieved.

Answer Choices	Responses	
Yes	93.10%	405
No	3.68%	16
I don't know	3.22%	14

QUESTION 4: Do you understand the reasons why the CCG is reviewing the level of funding for IVF services?

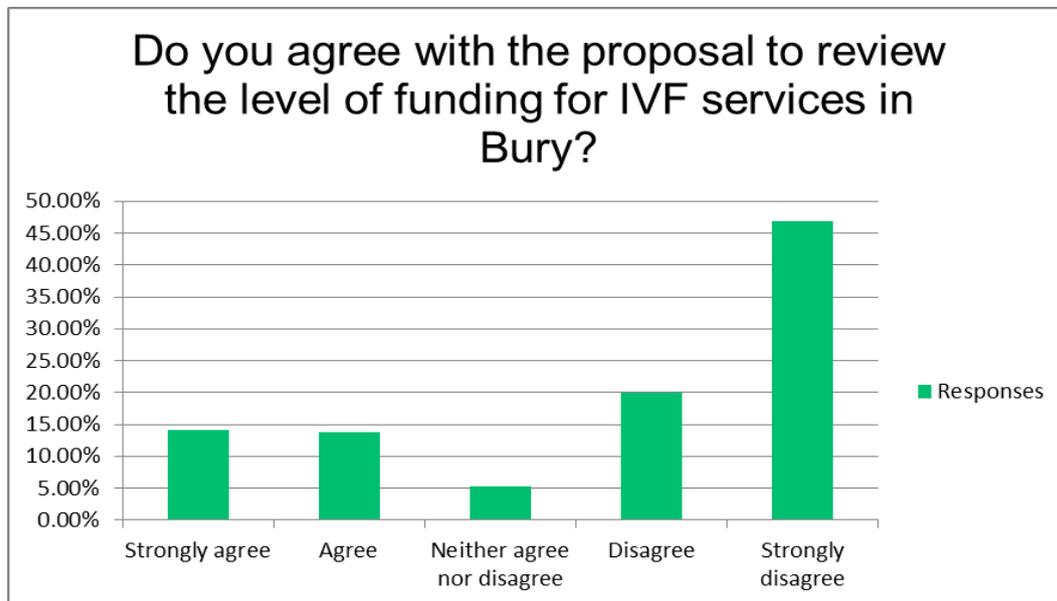
The majority of respondents, 83.07%, said they understood the reasons why the CCG was reviewing the level of funding for IVF services.

Answer Choices	Responses	
Yes	83.07%	363
No	14.19%	62
I don't know	2.75%	12

QUESTION 5: Do you agree with the proposal to review the level of funding for IVF services in Bury?

Whilst almost a third (27.92%) of respondents agreed or strongly agreed with the proposal to review the level of funding for IVF services in Bury, the majority (66.82%) disagreed or strongly disagreed.

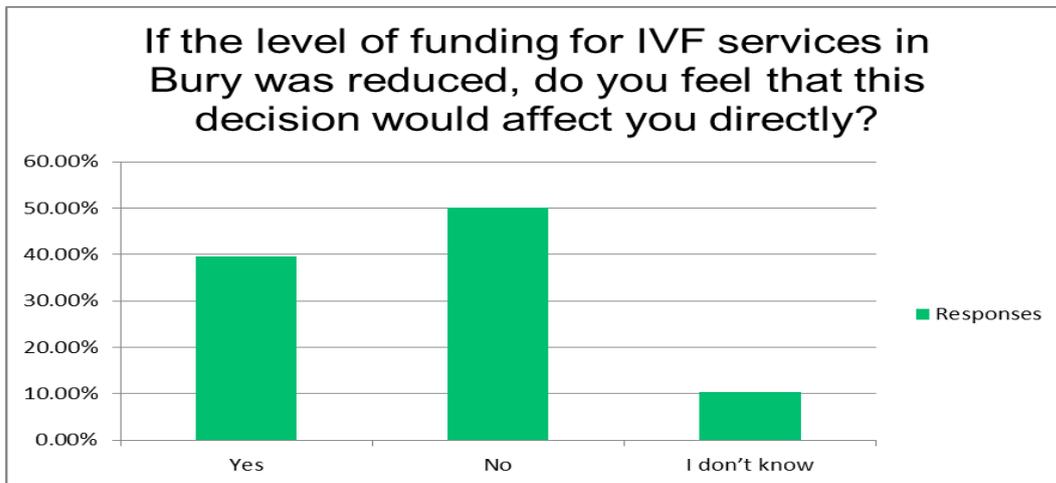
Answer Choices	Responses	
Strongly agree	14.19%	62
Agree	13.73%	60
Neither agree nor disagree	5.26%	23
Disagree	19.91%	87
Strongly disagree	46.91%	205



QUESTION 6: If the level of funding for IVF services in Bury was reduced, do you feel that this decision would affect you directly?

39.59% of respondents said they felt that a decision to reduce funding for IVF services in Bury would directly affect them.

Answer Choices	Responses	
Yes	39.59%	173
No	50.11%	219
I don't know	10.30%	45

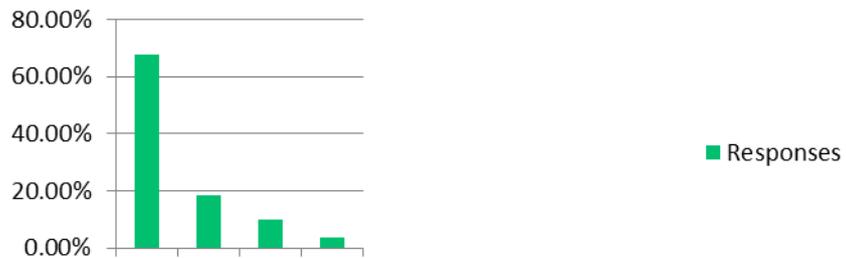


QUESTION 7: Having considered the information within our consultation document, please highlight your preferred option in relation to future funding for IVF services in Bury (*other than the number of cycles, options 2 and 3 would continue to be compliant with NICE guidelines in terms of access criteria).

Over two thirds of respondents felt that the CCG should continue to fund up to three cycles of IVF. The remainder felt comfortable with a level of reduction.

Answer Choices	Responses	
Option 1: Continue to offer up to three funded cycles of IVF in line with NICE guidelines	67.82%	295
Option 2: A reduction in provision to up to two funded cycles of IVF*	18.39%	80
Option 3: A reduction in provision to one funded cycle of IVF*	10.11%	44
Option 4: Moving to zero cycles and therefore no longer funding IVF services	3.68%	16

Having considered the information within our consultation document, please highlight your preferred option in relation to future funding for IVF services in Bury (*other than the number of cycles, options 2 and 3 would continue to be compliant...



QUESTION 8: If you feel we have missed anything, or you have any other comments, please use the space below to tell us

Comments were considered and collated under the following themes:

- The impact of a reduction in IVF provision on mental health was a significant theme to emerge. As was the potential additional spend on mental health services as a result.
 - The potential impact of a reduction in IVF provision on increasing inequalities or debt through privately funding treatment.
 - Concern that some individuals would not be able to afford private treatment and therefore would be left without choice or children.
 - Some support for a reduction (but not zero) and prioritisation of services to save lives or improve health and wellbeing. Also highlighting the need for standardisation of the offer nationally.
 - Suggestions of others areas the CCG should explore to make the savings including prescribing, obesity services and charging for missed appointments.
 - Clarity sought on other areas that have been considered to make savings, why IVF is considered a lower priority and noting the relatively small potential savings in this area.
 - A feeling that patients are being penalised for being infertile and that infertility should be treated like other medical conditions.
 - The importance of considering exceptionality i.e. IVF after a cancer diagnosis / a genetic reason for infertility.
 - Feedback from individuals with a personal experience of IVF including success at cycle number three. In addition the need to avoid 'wasted cycles' and putting more effort into understanding the reason for infertility before treatment commences.
 - Concern about individuals seeking care overseas and multiple births.
 - A suggestion/offer of lower cost IVF from a private provider with a clinic in Greater Manchester and that the CCG is paying a higher tariff than is necessary.
-

Health care professional engagement

Colleagues from the CCG's 25 GP practices were encouraged to take part in the consultation process, this included face to face engagement at an event on 12th September 2018.

Fertility Fairness/Fertility Network

During the consultation period a discussion was held (followed by correspondence by e-mail) with Fertility Fairness/Fertility Network, national charities supporting individuals experiencing infertility, the following themes emerged:

- Strengthened concerns already heard in relation to the impact of a reduction in IVF provision, on mental health.
- Highlighted that infertility is a disease as recognised by the World Health Organisation.
- Highlighting that a reduction in provision may lead to patients seeking treatment outside of the UK where it is common for multiple embryo transfer to be offered resulting in increased costs to the NHS from managing pregnancy, delivery and care for babies.
- Highlighting that NHS England and the Human Fertilisation and Embryology Authority are working to deliver guidance and a benchmark price for commissioners, that should help to reduce the amount paid by CCGs for fertility services and urging the CCG to defer a decision until this is available.
- Encouraging the CCG to seek services from more competitively priced providers.
- A query in relation to the CCG's consultation document highlighting that the CCG is currently one of only four CCGs in the country that provides IVF fully in line with NICE guidelines, including offering up to three funded cycles. Fertility Fairness data collated through Freedom of Information requests suggests that, in 2017, 12% of CCGs are NICE compliant and that what sets NHS Bury CCG apart is that it also allows people who have had a child through a previous relationship to access treatment*.

Political parties / correspondence

The CCG offered to meet with the three main political parties in Bury. Meetings took place with the Labour Group and the Liberal Democrat Group separately on 3rd September 2018, where further clarity was sought in a number of areas including tariff cost and assurance on the reach of the consultation process.

A letter was received from the MP for Bury North on 5th September 2018. The letter echoed some of the feedback received during the consultation including that from Fertility Fairness/Fertility Network, including:

- Noting the relatively small savings linked to reducing provision in this area.
- Seeking assurance that the CCG has carried out an assessment of any potential increase in costs of more women presenting with mental health problems.
- Exploring if there is a risk linked to the number of patients choosing to access treatment overseas.
- Assessing whether the CCG has explored savings through renegotiation of contracts/switching providers (in respect of a Greater Manchester wide tender of

assisted conception services, a market engagement exercise is currently underway, led by NHS Trafford CCG. NHS Bury CCG is an active associate in this process).

- Concern that some individuals would not be able to afford private treatment and therefore would be left without choice or children.

Health, Overview and Scrutiny Committee

Response to the In-Vetro Fertilisation (IVF) Health, Overview and Scrutiny Committee Consultation:

- Members considered the proposed changes to the commissioning of IVF at a meeting of the Health, Overview and Scrutiny Committee on the 6th September 2018. This followed an informal briefing with the Chair and representatives of the Clinical Commissioning Group prior to commencement of the consultation. At this meeting, the Chair provided advice and sought assurances in respect of the length and method of the consultation.
- In considering the item at the meeting on the 6th September, Elected Members were mindful when questioning the CCG representatives of their duties as prescribed in the Health and Social Care Act.
- Members were satisfied that the Chair had been engaged early in the process and by undertaking this engagement, the Chair was able to influence the consultation process.
- The consultation documentation provided sufficient information as to the reasons for the proposed change and adequate time had been allowed for the consultation.
- The Committee accepted the rationale for the proposed changes, in particular the wider financial pressures currently facing the Clinical Commissioning Group and the inability of the CCG to continue to address the financial gap through the use of non-recurrent monies. In light of the financial pressures, Members resolved not to specify a preference with regards to the number of IVF cycles stating only, that a service must still be provided (not option 4).
- Members of the Committee agreed unanimously that a reduction in the number of IVF cycles, would still allow safe, sustainable and accessible services for the local population.
- Members sought assurances that responses to the public consultation would be taken in to account when the GGC Governing Board convene to decide on the future provision of IVF on the 26th September 2018.

Conclusion

- A six week consultation period in relation to IVF provision in Bury ran from 6th August to 16th September 2018 inclusive. There were 437 consultation surveys completed.
- The vast majority of respondents understood why the CCG explored all areas of spend to identify where savings could be achieved and the reasons why the CCG was reviewing the level of funding for IVF services. A smaller number (28%) agreed with the proposal to review the level of funding for IVF services in Bury. A high proportion (40%) of respondents said that if the level of funding for IVF services in Bury was reduced, that they felt the decision would affect them.
- Around two thirds of respondents had a preference for the CCG to continue to offer up to three funded cycles of IVF, with the remainder (32%) comfortable with a reduction.

- Concerns around the impact on mental health of a reduction in provision of IVF was one of the strongest themes to emerge from the feedback.
- Health, Overview and Scrutiny Committee members resolved not to specify a preference with regards to the number of IVF cycles stating only, that a service must still be provided i.e. not going down to zero cycles. Members of the Committee agreed unanimously that a reduction in the number of IVF cycles, would still allow safe, sustainable and accessible services for the local population.

Next steps

An important part of the consultation process was to offer the opportunity for people to highlight if they felt the CCG had failed to consider something significant, before coming to a decision.

The Governing Body will consider this consultation feedback report at its meeting on 26th September 2018.

After a decision has been made by the Governing Body, feedback will be provided on the decision to stakeholders through all existing mechanisms, including the press and media, social media and the internet, through local third sector organisation networks and other networks, and through the Health, Overview and Scrutiny Committee.

NHS Bury CCG Communications Team

buccg.communications@nhs.net

17th September 2018

Appendix 1 – Consultation survey


Bury Clinical Commissioning Group

Public consultation: Seeking your views on IVF

Patients and the public are invited to share their views on proposals to review Bury's current policy in relation to commissioning In Vitro Fertilisation (IVF) services.

The consultation will run for six weeks from Monday 6th August to Sunday 16th September 2018.

Within the [consultation document](#) the CCG describes the reasons why it is considering changing its policy on commissioning IVF services, and seeks feedback from local people, stakeholders and health care professionals on a range of options.

An important part of the survey is to offer the opportunity for people to highlight if they feel the CCG has failed to consider something significant before coming to a decision.

Thank you in advance for completing this survey.

1. You are mainly responding as

A patient

A carer

A healthcare professional

An interested party responding on behalf of an organisation

Other (please specify)

2. Are you registered with a GP practice in one of the areas of Bury?

Yes

No

3. Do you understand why the CCG explored all areas of spend to identify where savings could be achieved?

Yes

No

I don't know

4. Do you understand the reasons why the CCG is reviewing the level of funding for IVF services?

- Yes
- No
- I don't know

5. Do you agree with the proposal to review the level of funding for IVF services in Bury?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

6. If the level of funding for IVF services in Bury was reduced, do you feel that this decision would affect you directly?

- Yes
- No
- I don't know

7. Having considered the information within our consultation document, please highlight your preferred option in relation to future funding for IVF services in Bury (*other than the number of cycles, options 2 and 3 would continue to be compliant with NICE guidelines in terms of access criteria).

- Option 1:** Continue to offer up to **three funded cycles** of IVF in line with NICE guidelines
- Option 2:** A reduction in provision to up to **two funded cycles** of IVF*
- Option 3:** A reduction in provision to **one funded cycle** of IVF*
- Option 4:** Moving to **zero cycles** and therefore no longer funding IVF services

8. If you feel we have missed anything, or you have any other comments, please use the space below to tell us: