

Meeting: Governing Body			
Meeting Date	26 September 2018	Action	Approve
Item No.	7	Confidential	No
Title	Number of Funded IVF Cycles for Bury Patients - Consultation Report		
Presented By	Dr Cathy Fines		
Author	David Latham		
Clinical Lead	Dr Cathy Fines		

Executive Summary	
<p>As part of the wider CCG savings review the number of NHS Bury CCG funded IVF cycles has been the subject of a public consultation. A six week consultation period in relation to IVF provision in Bury ran from 6th August to 16th September 2018 inclusive.</p> <p>This report feeds back to Governing Body on the findings of the consultation. Based on the information presented within this report and in previous papers to Governing Body, the Board is asked to support the recommendation below.</p>	
Recommendations	
<p>The CCG Governing Body is asked consider the following recommendation:</p> <ul style="list-style-type: none"> NHS Bury CCG should change its policy on the number of CCG funded IVF Cycles offered, from the current, up to 3 funded cycles, to 1 funded cycle, effective from 1st October 2018, for all new cases. 	

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input checked="" type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input type="checkbox"/>

Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:
GBAF <i>[Insert Risk Number and Detail Here]</i>

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Please see the risks section within this brief.</i>						
High profile issue attracting a lot of publicity.						

Governance and Reporting		
Meeting	Date	Outcome
Governing Body	28/03/2018	Further work requested
Clinical Cabinet	02/05/2018	Recommend move to one cycle
Governing Body	02/05/2018	Request Public Consultation
Governing Body	26/09/2018	Pending

Number of Funded IVF Cycles for Bury Patients Consultation Report

1. Introduction

- 1.1 At the Governing Body meeting in March 2018 the CCG policy on IVF was considered as part of a wider review of where saving might be identified. It was agreed that Bury should aim to take part in a Greater Manchester-wide IVF provision review, if a Greater Manchester review was planned. It was also agreed to consider this provision locally, if a Greater Manchester review was not timely.

Since the March Governing Body meeting checks confirmed that there was no active Greater Manchester work stream to address this issue and no definitive timeline on when this might be commenced and concluded.

- 1.2 On 2nd May 2018 NHS Bury CCG's Clinical Cabinet received an updated position paper and was asked for a clinical view on the recommended number of cycles to be offered for the Bury registered patient population. Clinical Cabinet provided a clinical view to be shared with the Governing Body on the number of IVF cycles the CCG should offer. The Clinical Cabinet considered the option of a move to offering zero cycles. Clinical Cabinet view on this was it would be happy for a discussion to be held at Governing Body around a move to offering zero cycles.

When asked to confirm a preferred option the Clinical Cabinet supported a change to 1 funded cycle of IVF subject to an Equality Analysis (EA) and recognising advice was required on the duty to consult on such a proposal. The EA was subsequently completed and can be seen in Appendix One.

- 1.3 As part of a wider paper the Governing Body on 23rd May 2018 were presented with a range of options for IVF to consider:

- Option 1: Continue to fund up to 3 cycles of IVF
- Option 2: Change to fund up to 2 cycles of IVF
- Option 3: Change to fund up to 1 cycle of IVF
- Option 4: Change to fund 0 cycles of IVF

In the paper each option was supported with an anticipated savings range. The Governing Body was asked to consider the options and determine if there was a preferred option.

2. Governing Body Decision 23rd May 2018

The Governing Body concluded that:

- The CCG should ensure that it listens to the views of the public on the various options available.
- No preferred option should be given as part of any consultation/engagement exercise.
- A Greater Manchester approach on IVF should be adopted if this is timely.

3. Actions Following The Governing Body on 23rd May 2018

Following the Governing Body meeting on 23rd May 2018 the CCG re-established that

there were no Greater Manchester wide plans to review CCG funded IVF cycles. The CCG discussed with the Local Authority Health Overview and Scrutiny Committee Chair what an appropriate period of public and stakeholder consultation should be. It was agreed that a four week consultation period would be sufficient. Given that this period would be during the summer holidays the CCG decided to extend the period to six weeks.

4. Public and Stakeholder Consultation

4.1 A six week consultation period in relation to IVF provision in Bury ran from 6th August to 16th September 2018 inclusive. The main purpose of the consultation was to check whether in the papers presented to date, the CCG had failed to consider anything relevant to the issue. The consultation comprised of several mechanisms and approaches to try and ensure as broad a response as possible, these included:

- An online survey, which was also available in paper format on request.
- Requests for presentations to specific groups or meetings were welcomed.
- Views were invited to be sent to the CCG by letter or by e-mail.
- Press release/s at the start and mid-way point of the consultation period.
- Development of an FAQ document based on feedback received.
- Promotion on the CCG website with content including on the home page.
- Promotion through social media platforms.
- Content on every Bury GP practice information screen.
- 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, Patient Cabinet, seeking views 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.
- 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.
- Engagement with the Local Authority, Health Overview and Scrutiny Committee on 6th September 2018
- Face to Face engagement with Bury GP practices on 12th September 2018.

4.2 The number of online surveys completed was 437, an overview of these responses are considered below as are the wider consultation key themes. A full copy of the consultation write up can be seen in Appendix Two.

5. Key Themes from the Public and Stakeholder Consultation

- There was an accepted understanding across responses (survey and other) of why the CCG was exploring all areas of spend, including IVF, to identify where savings could be achieved.
- From the survey and other forms of consultation there was a clear message to NHS Bury CCG that despite wider funding issues there is a desire to retain a level of funded IVF provision.
- There was little support across responses expressed for a move to zero cycles being funded.

- Whilst two thirds of the survey respondents wanted to retain three cycles this was not fully reflected in the wider responses from the consultation.
- The possible impact on mental health should the number of cycle be reduced was a common feedback theme identified.
- 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. Across responses it was assessed that there were no significant areas identified that the CCG had not already considered.

The above details the key themes from the consultation. It is however acknowledged that there were other stand-alone issues raised by individuals and organisations. The CCG is mindful of these and lists them in Appendix One.

6. Concerns Regarding Mental Health Impact

- 6.1 The CCG had identified the possible impact on Mental Health that a reduction in the number of cycles may cause some individuals in its initial paper to Governing Body on 2nd May 2018. As such it was expected to see these concerns raised in the consultation.
- 6.2 The 2nd May 2018 Governing Body paper highlighted a number of studies where the impact of infertility treatment on mental health has been explored. A number of studies have found that the incidence of depression in couples experiencing infertility presenting for infertility treatment is significantly higher than in fertile controls, with prevalence estimates of major depression in the range of 15%-54% (Domar 1992; Demyttenaere 1998; Parikh 2000; Lukse 1999; Chen 2004).
- 6.3 Anxiety has also been shown to be significantly higher in couples experiencing infertility when compared to the general population, with 8%-28% of infertile couples reporting clinically significant anxiety (Anderson 2003; Chen 2004; Parikh 2000)¹.
- 6.4 Some studies have also found that women presenting for IVF were more depressed, had lower self-esteem and were less confident than a control group of fertile women and, after a failed IVF cycle, experienced a further lowering of self-esteem and an increase in depression relative to pre-treatment levels (Hynes 1992). However, some of this data has been disputed since other studies have found minimal psychological disturbance induced by the infertility treatment process or IVF failure (Paulson 1988; Boivin 1996)².
- 6.5 Unfortunately the CCG does not have any local data to show the impact of undergoing IVF therapy, within the current Bury arrangements, on individual patients (or couples) mental health. It is also unable to indicate if patients (or couples) undertaking IVF therapy are currently accessing locally commissioned mental health services.

¹ https://womensmentalhealth.org/specialty-clinics/infertility-and-mental-health/?doing_wp_cron=1524207061.8278119564056396484375

² https://womensmentalhealth.org/specialty-clinics/infertility-and-mental-health/?doing_wp_cron=1524207061.8278119564056396484375

- 6.6 The potential impact has to be considered in the context of the potential low numbers involved. In 2017/18 the projected number of first NHS Bury CCG funded IVF cycles was 49, second cycles was 20 and third cycles was 8.
- 6.7 Based on the low number of patients receiving IVF therapy in Bury and the percentage ranges quoted above, it is not anticipated that a change in the policy for IVF would have a significant impact on the activity going into locally commissioned mental health services.
- 6.8 Therefore in the absence of any conflicting evidence, it has been assumed that local services would be able to manage a potential small change in activity as a result of a change in policy. The CCG will work closely with local mental health providers to ensure that any impact on local services from a policy change is fully understood and responded to.

7 Recommendation

- 7.1 The consultation has provided a clear message that there is little support for reduce the number of CCG funded IVF cycles to zero. Based on the following:
- The CCG need to make financial savings.
 - There was an understanding across responses, (survey and other) of why the CCG was exploring all areas of spend, including IVF, to identify where savings could be achieved.
 - Mental Health concerns raised in the consultation had already been identified by the CCG and are discussed above.
 - Approximately one third of survey respondents support a reduction.
 - Wider system partners support for a reduction.
 - The consultation failed to identify any significant areas that the CCG had failed to consider.

The CCG Governing Body is asked consider the following recommendation:

Bury CCG should change its policy on the number of CCG funded IVF Cycles offered, from the current 3, to 1 effective from 1st October 2018, for all new cases.

Dr C Fines

GP, Clinical Director Quality & Safeguarding,
Women & Children's Lead

David Latham

Programme Manager

Appendix One-Equality Analysis



Appendix Two - IVF Feedback Report

Equality Analysis Form	
<p>The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.</p>	
<p>To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG samina.arfan@nhs.net for Quality Assurance:</p>	
<p>Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8)</p>	
1	Name & role of person completing the EA: David Latham – Programme Manager
2	Directorate/ Corporate Area Commissioning
3	Head of or Director (as appropriate): Margaret O'Dywer
4	Who is the EA for? Governing Body
4.1	Name of Other organisation if appropriate Bury CCG
<p>Section 2: Aims & Outcomes (Refer to Equality Analysis Guidance Page 8-9)</p>	
5	What is being proposed? Please give a brief description of the activity. Bury CCG is proposing to reduce the number of IVF cycles it offers from 3 to 1.
6	Why is it needed? Please give a brief description of the activity. Bury CCG is currently only one of four CCGs across GM that offers 3 IVF cycles. The CCG is aware that other CCGs locally are also considering a similar approach.
7	What are the intended outcomes of the activity? <ul style="list-style-type: none"> • Financial savings • To promote the cost-effective use of healthcare resources.
8	Date of completion of analysis (and date of implementation if different). Please explain any difference Data analysis was completed for consideration at the Bury CCG Clinical Cabinet on 2 nd May 2018. The proposed change would come into effect after an appropriate period of public and stakeholder engagement.
9	Who does it affect? The proposed change would affect those that require assisted fertility.

Section 3: Establishing Relevance to Equality & Human Rights
(Refer to Equality Analysis Guidance Page 9-10)

10	What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop down box and provide a reason.			
	General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance	
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	The change will be universally applied for all Bury patients.	
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	The change will be universally applied for all Bury patients.	
	To foster good relations between people who share a protected characteristic and those who do not	Yes	The change will be universally applied for all Bury patients.	
10.1	Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right			
	Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
	Age		No	The current policy has an age criteria but this is not within the proposal to change.
	Disability		No	There are no additional considerations imposed by this change.
	Gender		Yes	Potential negative impact on number of women and men able to have children. Reduces the number of cycles offered. NHS is not mandated to provide IVF however we are still proposing to offer a reduce level of service.
	Pregnancy or maternity		No	Does not affect those pregnant or on maternity leave
	Race		No	There are no additional considerations imposed by this change.
	Religion and belief		No	There are no additional considerations imposed by this policy.
	Sexual Orientation		No	There are no additional considerations imposed by

				this change.
	Other vulnerable group		No	There are no additional considerations imposed by this policy.
	Marriage or Civil Partnership		No	There are no additional considerations imposed by this policy.
	Gender Reassignment		No	There are no additional considerations imposed by this policy.
	Human Rights (refer to Appendix 1 and 2)			
	If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights.			
	IVF not mandated service for the NHS to provide. Decision to move to one cycle does not discriminate. We are not stopping the service we are reducing the number of cycles offered.			
Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11)				
11	What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12)			
	Details of Equality Information or Engagement with protected groups	Internet link if published & date last published		
	The numbers affected by this change are very low per year across the whole population of Bury making targeted engagement difficult. The CCG are proposing to do a generic engagement on the proposed changes are required.			
11.1	Are there any information gaps, and if so how do you plan to address them	Non identified at this stage.		
Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12)				
12	Complete the questions below to conclude the EA.			
	What will the likely overall effect of your activity be on equality?	None		
	What recommendations are in place to mitigate any negative effects identified in 10.1?	Any negative effect may be seen via mental health services. Given the very low numbers involved it is consider that established service would be able to absorb this pressure.		
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	Not applicable		
	What steps are to be taken now in relation to the implementation of the activity?	Governing Body decision on 23 rd May 2018 Period of engagement (lenght to be determined)		

Section 6: Monitoring and Review

13 If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor on-going effects? Also state when the activity will be reviewed.

If the change is implemented it will be monitored via financial activity and cost. The change will be reviewed if GM decide to consider a standard approach, however there is nothing to suggest that GM are planning this.

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?

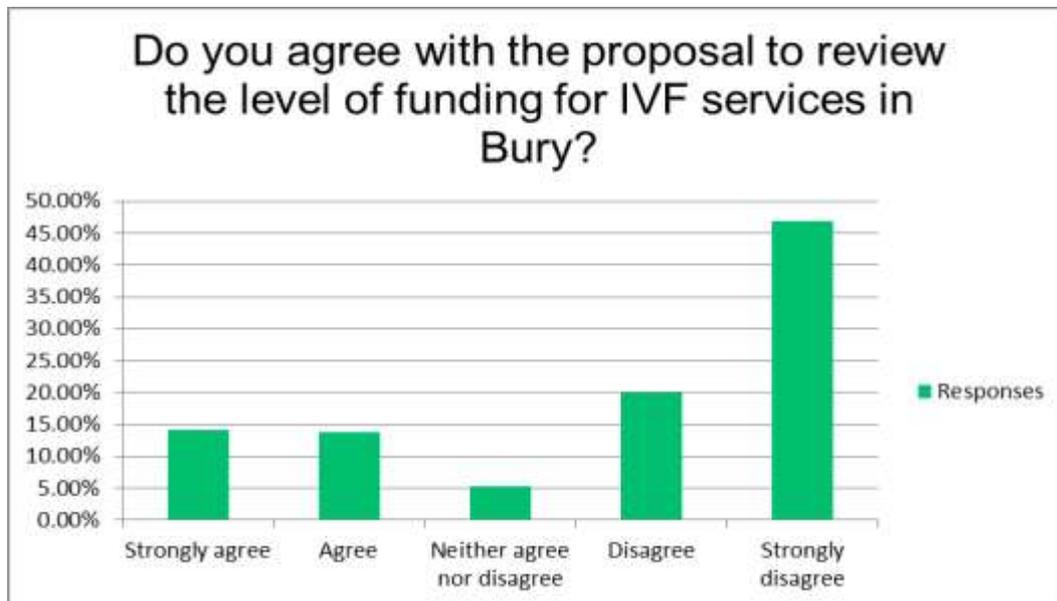
The majority of respondents, 83.07%, said they understood the reasons why the CCG was reviewing the level of funding for IVF services.

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.

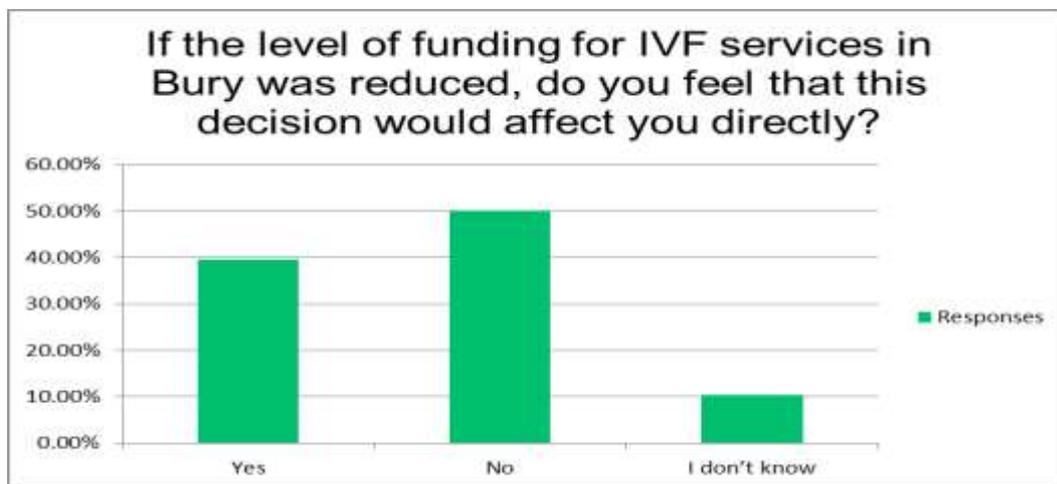
Answer Choices	Responses	
Strongly agree	14.19%	62
Agree	13.73%	60
Neither agree nor disagree	5.26%	23
Disagree	19.91%	87
Strongly disagree	46.91%	205



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.

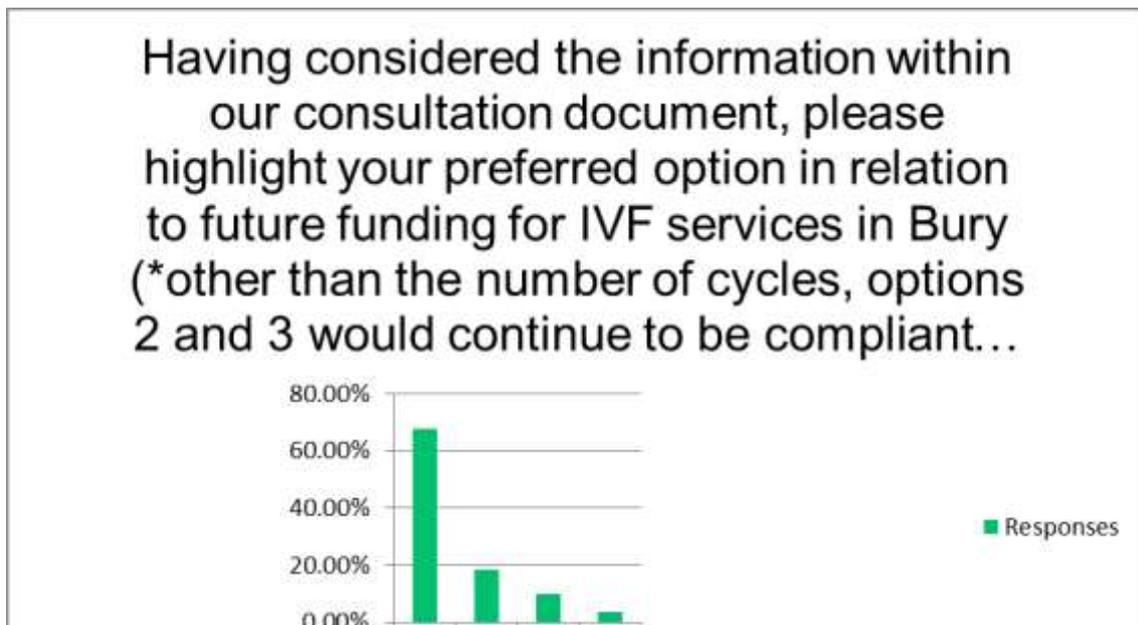
Answer Choices	Responses	
Yes	39.59%	173
No	50.11%	219
I don't know	10.30%	45



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



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 retender 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: