
Public consultation: Seeking your views on IVF

Introduction

We (NHS Bury Clinical Commissioning Group (CCG)) are seeking views from patients registered with a Bury GP practice, Bury health care professionals and other local interested parties on proposals to review our current policy in relation to commissioning In Vitro Fertilisation (IVF) services.

To capture your views and feedback before any decision is made, a period of public consultation will run for six weeks from Monday 6th August 2018 until Sunday 16th September 2018.

If you would like this document in another format, please contact us.

About this consultation document

This document provides information about the services we currently commission and explains the reason why we are considering changing our policy on commissioning IVF services.

At the end of the document you will find a link to a questionnaire which aims to capture your views and feedback. The survey also offers you the opportunity to let us know if you feel we have failed to consider something significant before coming to a decision.

About us

We commission (buy) health services for patients registered with a Bury GP practice, with doctors and other health care professionals making decisions about local services.

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

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

Financial pressures

We have a duty to live within our financial allocation and to break even (balance the books) each year. In addition we have a duty to secure the best investment for the funds that we have been allocated to provide high quality care for local people.

Whilst we have moved from being one of the most underfunded CCGs in the country to starting to close our financial gap, significant financial challenges still remain (we receive £8 million less than our target allocation) .

In recent years we have been able to manage expected financial gaps through the use of non-recurrent (one off) monies, however, these opportunities are now very limited and more radical solutions need to be identified to close the £7.3 million financial gap (deficit(as discussed at the May meeting of the Governing Body)) that is expected during 2018/19.

As a responsible commissioner, we have explored all areas of spend and made some recommendations to the Governing Body where it was felt that savings could be achieved whilst minimising the potential overall impact of any changes.

Some of the areas we looked at are simply about monitoring our own policies better and avoiding duplication in the system. In order to achieve savings to the scale that is required, we have had to look much harder than this and make some decisions which, whilst they may feel uncomfortable, we believe are appropriate in this challenging financial situation.

One of the areas we have identified for review is the current arrangements for the provision of IVF services in Bury.

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

What is IVF?

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.

What is a cycle of IVF?

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.

How many people in Bury access IVF services?

We do not have access to information regarding the actual number of couples registered with a Bury GP practice who have accessed IVF services from our two providers.

We do know, however, that during the last two financial years, we funded between 77 and 87 cycles of IVF each year (2017/18 data is awaiting validation).

What is the national guidance on IVF?

The National Institute for Health and Care Excellence (NICE (an organisation which provides national guidance and advice to improve health and social care)) 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.

NICE recommends that women aged under 40 who have been unable to conceive after two years of regular unprotected intercourse (or 12 cycles of artificial insemination (IUI), in which semen is introduced into the woman's vagina), should be offered three full cycles of IVF. These IVF cycles can be either with or without intra-cytoplasmic sperm injection (ICSI), a technique in which a single sperm is injected into the egg. If the woman reaches the age of 40 during treatment, the current full cycle should be completed, but no further cycles offered. This is one year earlier than was previously recommended.

Women aged 40-42 years who have been unable to conceive after two years of regular unprotected intercourse (or 12 cycles of artificial insemination) should now be offered one full cycle of IVF, with or without ICSI. However, NICE recommends they must also:

- have never previously had IVF treatment
- show no evidence of low ovarian reserve (this is when eggs in the ovary are impaired or low in number)
- have been informed of the additional implications of IVF and pregnancy at this age

What do we currently provide?

We are currently one of only four CCGs in the country (from April 2018 there are 195 CCGs in England) that provides IVF fully in line with [NICE guidelines](#), including offering up to three funded cycles.

The majority of CCGs in England offer one funded cycle.

How much does IVF cost?

In Bury for 2018/19 there is a projected spend of £321,610 against the provision of IVF. This is a projected figure based on actual data from April 2017 to February 2018. The cost of each funded cycle varies based on the specific nature of the intervention.

How much money could be saved by reducing the provision of IVF?

Taking the average cost per funded cycle for each year, reducing the number of funded cycles could save:

	One year estimated savings	Five year estimated savings
Moving from three to two funded cycles of IVF	Up to £47,083	Up to £235,415
Moving from three to one funded cycle of IVF	Up to £169,498	Up to £847,490
Moving to zero funded cycles of IVF	Up to £321,610	Up to £1,608,050

How successful is IVF?

The success rate of IVF depends on many factors including the age of the woman undergoing treatment, as well as the cause of the infertility (if it is known). Younger women undergoing IVF treatment are more likely to have a successful pregnancy. IVF isn't usually recommended for women over the age of 42 because the chances of a successful pregnancy are thought to be too low.

The Human Fertilisation and Embryo Authority (HEFA) information suggests that between 2014 and 2016, the percentage of IVF treatments that resulted in a live birth were as follows:

- 29% for women under 35
- 23% for women aged 35 to 37
- 15% for women aged 38 to 39
- 9% for women aged 40 to 42
- 3% for women aged 43 to 44
- 2% for women aged over 44

Summing up the case for change: Why are we reviewing the provision of IVF in Bury?

- We have a duty to live within our financial allocation and to break even (balance the books) each year.
- Whilst we have moved from being one of the most underfunded CCGs to starting to close the financial gap, challenges still remain.
- In recent years we have 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).

- We have 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.
- We are 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.
- The majority of CCGs in the country provide one funded cycle of IVF.
- Our Clinical Cabinet and Governing Body consider that other types of healthcare should take priority over the current level of funding for IVF services.

Where has the provision of IVF in Bury been discussed already?

CCG Governing Body and Clinical Cabinet

Our financial pressures were discussed at the Governing Body meeting in March 2018, at that point we said we would explore taking part in a Greater Manchester review of provision in this area, but would review this locally if a wider review was not timely.

At our Governing Body meeting in May 2018, discussions continued in relation to financial planning for this year. It was also established that there was no imminent Greater Manchester wide review in this area.

The Clinical Cabinet, which is made up of health professionals including local GPs, also considered the issue at its meeting in May 2018. The Clinical Cabinet identified a preferred option to support a change to one funded cycle of IVF, bringing Bury in line with many other areas across the country.

Taking on board the view of the Clinical Cabinet, the Governing Body considered a full range of options at its meeting in May, from maintaining the current provision of up to three funded cycles, moving to two funded cycles, moving to one funded cycle and finally moving to zero funded cycles.

The Governing Body agreed not to identify a preferred option at that stage and instead agreed to seek views and opinions via a public consultation exercise.

It was agreed that we should as a first step liaise with the Chair of the Bury Health Overview and Scrutiny Committee in relation to an appropriate level and duration of consultation with the public around any plans to review IVF provision to ensure a fair and proportionate process to listen to views on a range of options. It was agreed that this should be set in the context of our wider financial position and our duty to break even (balance the books).

Health Overview and Scrutiny Committee

A meeting was held with the Chair of Bury's Health Overview and Scrutiny Committee in July, where it was agreed to proceed with a six week public consultation period. It was agreed that the consultation would be based on a questionnaire and would use all existing networks and communications channels to reach out to local communities and gather views and feedback on proposals to review the provision of IVF in Bury.

What are we proposing?

We know that infertility is a very difficult issue for those affected by it. As part of our review of all commissioned services in Bury, we are 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 that we would need to consider other areas of healthcare in order to make the required savings.

Thinking about the case for change, we would like to hear your views about the options presented below:

- 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.

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.

Our duty to involve

We have a legal duty to involve patients and the public in our work in a meaningful way to improve health and care services. This duty is relevant to designing and planning services, decision making and proposals for changes that will impact on individuals or groups and how health services are provided to them.

Where public involvement is required, we must make the best possible judgement on what is a fair and proportionate approach to the individual circumstances. As a public body, we are mindful of our responsibility to involve local patients and the public on this proposed change.

How to get involved

The format of the six week consultation is as follows:

- An **online survey** which will also be available in paper format on request
- Requests for presentations to specific groups or meetings are welcome
- Views can be sent to us by letter or e-mail

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

- Press release/s at the start and mid-way point of the consultation period
- CCG website content including on the home page
- Promotion through our social media platforms
- Content on GP practice information screens
- Advertisement on the Bury Directory
- Health Matters E-News to be issued
- Promotion through all existing networks including through Voluntary Community and Faith Sector organisations, Healthwatch Bury, other networks and support groups (i.e. Fertility Network and Fertility Fairness) and local GP practices

What will happen with your feedback?

Feedback from the consultation period will help to inform the Governing Body to make a decision on the future provision of IVF in Bury at its meeting on 26th September 2018. The Governing Body meets in public.

We will publish the outcome of the consultation period on our website, through social media and via the press and media.

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