

**PROPOSED CONSULTATION ON PROPOSED CHANGES TO THE FUTURE
PROVISION OF SPECIALIST FERTILITY TREATMENT IN THE CAMBRIDGESHIRE
AND PETERBOROUGH CLINICAL COMMISSIONING GROUP AREA.**

To: **HEALTH COMMITTEE**

Meeting Date: **15 December 2016**

From: **Director of Corporate Affairs, Cambridgeshire and
Peterborough Clinical Commissioning Group, Jessica
Bawden**

Electoral division(s): **Countywide.**

Forward Plan ref: **Not applicable**

Purpose: Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) currently commissions specialist fertility treatments via the East of England Fertility Consortia. Each member CCG of the group applies its own eligibility criteria and the number of treatment cycles it is able to commission. The CCG entered into this consortium offering 2 cycles of IVF treatment in 2014. As part of plans to manage its financial situation the CCG reduced this to one cycle from May 2016. This paper sets out proposals for consultation to stop routinely commissioning any specialist fertility services other than for two specified exceptions.

Recommendation: The Committee is asked to approve the process for public consultation on future provision of specialist fertility treatments, and comment on the draft consultation document.
See appendix 1, consultation process plan, and appendix 2, draft consultation document.

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1. BACKGROUND

- 1.1 Specialist fertility services, or IVF as these services are more commonly known, only became available on the NHS in this area, in September 2005. Prior to this, patients had to pay for their own IVF treatment.
- In July 2016 the CAPCCG governing body took the decision to reduce the number of cycles of IVF available to patients in this area. Patients may now receive one cycle of IVF if aged between the ages of 23 and 42, and meet all the necessary eligibility criteria.
- 131 people accessed IVF services in 2015/16. Although this is a small number of patients the CCG understands this will have a significant impact on those affected by this change.

What ever decision is made around this proposal will be reviewed at the end of this funding formula period of three years.

2. MAIN ISSUES

2.1 The Proposal:

To stop the routine commissioning of any specialist fertility services other than two specified exceptions below.

GP and clinical leaders have come to the difficult conclusion that when looking at the prioritisation of funds this is an area that we should review. 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 for this treatment at the current time compared with all other NHS treatments/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.

What is the cost of specialist fertility services to the CCG?

In the year 2015/16 CAPCCG spent £1,108,000 on treatment for 131 cycles of IVF.

2.2 Exceptions to the proposal

Under the new proposal, specialist fertility services will no longer be commissioned except for the following two exceptions listed 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.
- 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.)

2.3 Exceptional Funding Request Process

Should this proposal be accepted it is important to note that the Exceptional Funding Request (EFR) process is still available for patients who believe that they have exceptional circumstances.

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.

2.4 **Please Note:**

It is only in cases where patients' eggs and/or sperm need retrieving and laboratory fertilisation techniques are needed that there is onward referral to the specialist centres (IVF clinics).

2.5 **Infertility services not included in this consultation.**

The CCG will continue to support the local gynaecological services, 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.

The hospital clinics have always had close links to the specialist IVF providers and will continue to provide patients with information on accessing the specialist services.

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
- Management of ejaculatory failure

The full care pathway for fertility services can be found on the CCG website here. Patients with genetic disorders requiring pre implantation diagnosis and embryo selection based on this are commissioned by NHSE and are not affected by this consultation.

What ever decision is made around this proposal will be reviewed at the end of this funding formula period of three years.

3. **SIGNIFICANT IMPLICATIONS**

3.1 **Financial:** Projected cost reduction of cessation of Assisted Conception Services is £1million.

3.2 **Governance:** The normal CCG policies development process has been followed in recommending that Assisted Conception should no longer be a priority for funding.

3.3 **Equality and Diversity:** Cessation of NHS funding for Assisted Conception will affect all childless couples equally, regardless of race, gender or sexual orientation. A full equality impact assessment has been completed and published on the CCG website; <http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/GB%20Meetings/2016-17/20160913/Agenda%20Item%2002.1b%20-%20IVF%20Equality%20Impact%20Assessment.pdf>

3.4 **Legal:** Legal advice has been sought.

3.5 **Consultation Implications** Consultation process plan attached as appendix 1. Draft consultation document attached as appendix 2.

Source Documents	Location
NONE	.

4.0 **Appendices**

Appendix 1 – Draft consultation process plan

Appendix 2 – Draft consultation document.