

DRAFT

Consultation on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commissioning Group area.

19 January 2017 to 13 April 2017

This consultation is aimed at patients living in Cambridgeshire and Peterborough Clinical Commissioning Group's area.

This document is available in other languages and formats on request.

This document will be downloaded in full as a page on our website where the browse aloud facility is available.

To request alternative formats, please contact us on:

- 01223 725304 or capccg.engagement@nhs.net

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jei norėtumėte gauti informaciją kita kalba ar formatu, kreipkitės į mus.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutra idioma ou formato, diga-nos.

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Background

Who we are and what we do

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is the local organisation responsible for planning, organising and buying NHS-funded healthcare for the 930,000 people who live in this area, which includes parts of Hertfordshire and Northamptonshire as well as Cambridgeshire and Peterborough. This includes: hospital services, community health services and mental health services.

The CCG is run by GPs, nurses and other clinicians – the people you see whenever you come into contact with the NHS. All 105 GP practices in the area are members of the CCG.

In 2016-2017, the CCG has a budget of £1 billion to spend on healthcare services for the people of this area, which is just over £1,000 per person. We are one of the largest CCGs in England by patient population.

What is this document about?

The NHS receives a fixed budget to buy and provide health services for the entire local population. When commissioning (buying) health services we do so specifically for the health needs which have been identified locally for our population. We make decisions about which health services to purchase, based on these identified needs.

Like all CCGs up and down the country, there is greater demand on our budget than we have the budget to spend.

The challenge faced by all organisations across the NHS is how to spend the available budget in ways that most benefit the health of the whole population and delivers good value for money. Cambridgeshire and Peterborough CCG has been identified as one of England's 11 most financially challenged health economies. It has a growing population, which is also an ageing population that is diverse and has significant inequalities. We have a limited budget and a growing demand for all types of healthcare services, as well as a financial deficit that needs to be cleared. The CCG has to evaluate every service that it commissions to see if it offers good quality, good outcomes, good value for money and also whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

What has the CCG already done?

The CCG has already made some significant prioritisation decisions, resulting in restrictions to procedures provided on the NHS. The CCG is ensuring that all referrals for treatment strictly adhere to clinical thresholds and /or meet clinical criteria, this is to ensure that all services are delivered equitably across the CCG area.

We also introduced a prior approval process for clinical procedures where there is evidence to show they have limited benefit to patients. This is in line with regional guidance.

It includes procedures such as: cosmetic surgery, laser treatment for skin conditions, varicose veins and benign skin lesions.

CCG now has some more difficult decisions to make about the prioritisation of funds for 2016 and beyond.

The Proposal

To stop routinely commissioning any specialist fertility services other than for two specified exceptions.

In this document, we will explain why we want to make these changes and how you can tell us your views on the proposals.

The case for change

Specialist fertility services, or IVF as these services are more commonly known, only became available on the NHS in this area, in September 2005, following national guidance. Prior to this, patients had to pay for their own IVF treatment.

In July 2016 the CCG 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.

The CCG's existing policy on funding for specialist fertility services was developed in April 2015 in collaboration with the East of England Fertility Services Consortium, the CCG commissions the following treatments as appropriate for couples who meet evidence based eligibility criteria:

- 1 cycle of IVF, with or without intracytoplasmic sperm injection (ICSI)
- Surgical sperm removal
- Up to 6 cycles of donor sperm insemination with intrauterine insemination (IUI)
- Treatment using egg donation
- Egg, sperm or embryo cryopreservation for men and women undergoing
 - cancer treatment which is likely to cause infertility
- ICSI with or without sperm washing for men who have a chronic viral infection (primarily HIV) and whose female partner does not.

This policy is specifically for those couples who live in the CCG area, and do not have a living child from their current or any previous relationships prior to starting NHS funded treatment, regardless of whether the child resides with them. This includes any adopted child within their current or previous relationships.

Any person who has already been referred for IVF treatment and is waiting for that treatment to begin will receive that treatment regardless of the outcome of this consultation.

Specialist fertility treatments, or IVF services, are known by several names within the NHS. You may also see the terms, assisted conception services, or infertility treatments used to describe these services.

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).

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 care pathway for fertility services can be found on the website

[Link to insert 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.

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 the CCG spent £1,108,000 on treatment for 131 cycles of IVF

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.)

Individual Funding Request Process

Should this proposal be accepted it is important to note that the Individual Funding Request (IFR) 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. Further information can be found on the CCG website:

<http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx>

£1 million of NHS money can buy the following services:

- Psychological therapies treatment of six sessions for 2754 people (IAPT/PWS)
or
- Four primary care based teams for mental health serving 25% of the population of the CCG area (for one year)
or
- 26 full time working district nurses for a year (costed at mid band 6 with on-costs)
or
- 12.5 salaried GPs for one year (based on the average salary for a salaried GP)
or
- perinatal mental health services for mothers and babies across the area (for one year)
or
- 1290 cataract operations.

The above list has been included to demonstrate how much other NHS services costs in comparison to specialist fertility services.

People who are already in the treatment pathway for NHS funded IVF treatment will continue to receive their treatment.

How to tell us your views.

You can give your views in a number of ways:

- Fill in the questionnaire found online on our website:
www.cambridgeshireandpeterboroughccg.nhs.uk
- Fill in the paper copy of the questionnaire found on page XX of this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. (You do not need a stamp).
- Telephone the Engagement Team on: 01223 725304.
- By attending one of the public meetings detailed below and telling us what you think:

Insert public meeting dates here once finalised.

The Questionnaire

1. Do you understand why the CCG has proposed this change?

Yes ☐ No ☐ Undecided ☐ I need more information ☐

Comment

2. Do you agree with the proposal to stop the routine commissioning of specialist fertility services other than two specified exceptions?

Yes ☐ No ☐ Undecided ☐

Comment

3. Do you agree that the two exceptions proposed in this consultation document are appropriate?

Yes ☐ No ☐ Undecided ☐

Comment

4. How would you prioritise NHS spending for the people in this CCG area?

5. Are there any other comments you would like to make in relation to the proposals outlined in this consultation document?

If organisations or groups would like to respond to this consultation we are happy to receive letters or emails using the contact information below. In our end of consultation report we enclose full copies of these responses so please indicate if you wish your organisation or group response to remain private.

By post: (no stamp required)

Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG,
Lockton House, Clarendon Road, Cambridge CB2 8FH. (You do not need a stamp).

By email:

CAPCCG.contact@nhs.net

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

Can you tell us which of the following age bands you belong to?

<input type="checkbox"/>	16-29 years	<input type="checkbox"/>	30-44 years	<input type="checkbox"/>	45-59 years	<input type="checkbox"/>	60-74 years	<input type="checkbox"/>	75+ years
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How would you describe your gender?

How would you describe your ethnic background?

Do you consider yourself to have any disabilities and/or impairments?

Yes ☐ No ☐ Prefer not to answer ☐

Finally, please could you tell us the first part of your postcode?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for taking the time to complete this questionnaire.

Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

Cabinet Office Consultation Principles July 2012

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at: <https://www.gov.uk/government/publications/consultation-principles-guidance>

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution—

- (a) a description of the arrangements made by it under subsection (2), and
- (b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see
<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

CCG Constitution Section 5.2.

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;

c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
- (ii) Healthwatch, which gathers views of local people on local health services;
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
- (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
- (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
- (iv) using plain language, and sharing information as openly as is reasonably practicable;
- (v) treating with equality and respect all patients and members of the public who wish to express views;

- (vi) carefully listening to, considering and having due regard to all such views;
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

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