

**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:* **16 March 2017**

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

**Director of Transformation & Delivery: Primary & Planned  
Care, Cambridgeshire and Peterborough Clinical  
Commissioning Group, Sue Watkinson**

*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 currently provides one cycle of IVF treatment. As part of plans to manage its financial situation the CCG is consulting on a proposal to stop routinely commissioning any specialist fertility services other than for two specified exceptions.

*Recommendation:* The Committee is asked to respond to the consultation document.

See Appendix 1, consultation document. To follow after 13 March once the consultation has started.

<b><i>CCG contact:</i></b>		<b><i>Member contact:</i></b>	
Name:	Jessica Bawden	Name:	Councillor David Jenkins
Contact:	Teresa Johnson, Executive Assistant, 07534 101165, <a href="mailto:teresa.johnson4@nhs.net">teresa.johnson4@nhs.net</a>	Chairman:	Health Committee
		Email:	<a href="mailto:ccc@davidjenkins.org.uk">ccc@davidjenkins.org.uk</a>
		Tel:	01223 699170

## **1. BACKGROUND**

- 1.1.1 In December 2016, the CCG reported to the committee our proposals for a consultation on Specialist Fertility treatments. This consultation has now begun and the CCG is presenting this report along with the consultation document for the committee to give feedback on these proposals.
- 1.1.2 Approximately 200 people accessed IVF services in 2015/16. Although this is a small number of patients the CCG understands that this will have a significant impact on those affected by this change.

Whatever 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 set out later in the paper

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 and these services will not be affected by this proposal.

Patients with genetic disorders requiring pre-implantation diagnosis and embryo selection based on this are commissioned by NHS England and are not affected by this consultation.

In the year 2015/16 the CCG spent £1,037,000 on specialist fertility treatment. This includes those who were eligible for more than one cycle prior to the existing changes. If these proposals are adopted the saving to the CCG in 2017/18 will be approximately £700,000.

### **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 still to be provided and not included in this consultation**

The CCG will continue to support the local gynaecological services and 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 will be on the CCG website during the consultation.:

It is proposed that patients who have already been referred from secondary care (hospital services) to tertiary care (specialist fertility services) under the existing policy would complete their treatment.

## 3. **SIGNIFICANT IMPLICATIONS**

3.1 **Financial:** If these proposals are adopted the saving to the CCG in 2017/18 will be approximately £700,000.

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** The consultation will run for 13 weeks from 13 March to 12 June 2017

#### 4.0 **Appendices**

Appendix 1 –Consultation document.to follow after 13 March once the consultation has started

Source Documents	Location
NONE	.