



Heywood, Middleton
and Rochdale
Clinical Commissioning Group

Date of Meeting : 29th January 2019
Portfolio : Integrated Commissioning
Report Author: Adam Gowland
Public/Private Document : Public
Lead Member : Cllr Rowbotham
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IVF Funding Policy Consultation

1. Executive Summary

This report provides the Health, Schools and Care (Health, Schools and Care O&SC) with:

- 1.1 An update on feedback received from the IVF consultation that ran from the 3rd December 2018 to 16th January 2019;
- 1.2 A response to the key thematic points raised by stakeholders and members of the public;
- 1.3 A set of recommendations and supporting evidence to consider in regard to future IVF funding Policy

The contents of this report will be discussed, critiqued and approved/rejected at Integrated Commissioning Board (ICB), on the 29th January. A verbal update will be provided to the Health, Schools and Care O&SC on the outcome of this meeting.

2. Recommendation

- 2.1 It is recommended that:
 - a. HMR CCG adopts a policy of funding 1 IVF cycle. However, all individuals/couples who have a clinically exceptional need will be able to have their case evaluated via the Individual Funding Request (IFR), route at HMR CCG
 - b. HMR CCG adopts this policy effective from 1st February 2019
- 2.2 Health, Schools and Care O&SC are asked to consider the views expressed during the consultation period, alongside other evidence submitted in previous papers.

3. Reason for Recommendation

- 3.1 Feedback received via the public consultation has been considered in detail and, as a result of some of the points raised; the CCG reviewed the evidence base behind its preferred policy option. The CCG is satisfied that the decision to recommend a change

in policy to one funded cycle is supported by evidence, as well as the need to respond to the significant financial pressure currently facing the NHS as a whole.

- 3.2 A number of points were raised via the consultation that individuals/couples with pre-existing medical conditions would be disproportionately disadvantaged by a proposed change in policy. The CCG have reviewed this, and individuals/couples who have a clinically exceptional need will be able to have their case evaluated via the Individual Funding Request (IFR) route at HMR CCG.
- 3.3 The policy is recommended for immediate implementation. This would not affect any patients who have already been referred to an IVF service (including those who are waiting but have not yet been seen) and patients on any other part of the IVF pathway, including tests for subfertility.

4. Key Points for Consideration

- 4.1 The IVF consultation received a total of 369 responses with over 90% of respondents disagreeing with the proposed IVF policy change.
- 4.2 Most key themes raised by stakeholders were anticipated by the Equality Impact Assessment (EIA) completed prior to public consultation. Areas of concern that the CCG considered to warrant further review following the end of the consultation period are outlined within this paper.

5. Alternatives Considered

- 5.1 A number of options for IVF funding cycles were considered by the CCG and ICB as part of an options appraisal exercise prior to public consultation.
- 5.2 ICB Health, Schools and Care O&SC may decide against the implementation of some or all of the recommendations within this paper and provide alternative options to be considered.

6. Costs and Budget Summary

- 6.1 The proposed change in policy would be expected to save an estimated £259,000 per financial year.

7. Risk and Policy Implications

- 7.1 The proposed change in IVF funding policy was risk assessed to ensure that all stakeholder feedback has been considered prior to recommendation to ICB. The Equality Impact Assessment (EIA) was also revisited and reviewed following the consultation to determine if the CCG had considered all possible impacts of the proposed change in policy.

- 7.2 The CCG has a duty to consult on policy changes as set out in s14Z2 of the NHS Act 2006 and associated guidance. Failure to take due consideration of the consultation outcome would leave the CCG open to challenge.
- 7.3 The proposed policy implication would see the number of funded IVF cycles in HMR reduced to one.

8. Consultation

- 8.1 In February 2018, the ICB proposed to reduce the number of funded IVF Cycles from 3 to 1 subject to public consultation.
- 8.2 A range of options for the future funding of IVF cycles were considered:

Option	IVF Cycle Offer	Estimated annual cost saving (based on 17/18 spending)
A	Current policy (3 funded cycles of IVF)	No saving
B	Offer 2 funded cycles of IVF	£98,000
C	Offer 1 funded cycle of IVF	£259,000
D	Offer 0 funded cycles of IVF	£429,113

- 8.3 The CCGs preferred choice was Option 3 (1 cycle) with no change in any other eligibility criteria. This choice was underpinned by clinical evidence, with guidance stating that the overall chance of a live birth falls as age and the number of cycles completed increases.
- 8.4 Neighbouring CCGs, including Bury and Oldham, have both consulted on this proposed policy change and recently approved a new policy of one funded IVF cycle. The table below provides an overview on the number of IVF cycles offered across GM:

CCG	Number of cycles
Tameside & Glossop	3
Stockport	2
Salford	2
Wigan	2
Oldham	1
Bolton	1
Manchester Health and Care Commissioning	1
Trafford	1

- 8.5 The six week consultation period consisted of a range of different approaches to ensure that there was a broad and inclusive response that involved a wide range of stakeholders.
- 8.6 91.9% of all respondents were opposed to the preferred policy option of one funded cycle. The responses of all participants to the online survey were considered and grouped thematically. The key issues raised were:
- The potential negative impact on the mental health of individuals and/or couples should the number of funded cycles be reduced
 - Concerns that the proposals were about cost-cutting and not based on evidence
 - A reduction in funded cycles reducing the likelihood of successful births from IVF treatment
 - The proposed IVF policy change is not in line with NICE guidance on assisted conception
 - Request for the CCG to consider funding a minimum of at least 2 IVF cycles due to concerns regarding failure rates with the first cycle
- 8.7 In addition to these themes, a number of other issues were raised by individuals and organisations which are included in the full copy of the IVF Consultation Report (Appendix 1).
- 8.8 19.4% of survey responders stated that they had previously received IVF treatment and 13.4% were currently accessing IVF services. A number of responses were received from individuals with personal experience of receiving IVF who had conceived their child after 2 cycles, noting concern that treatment for the 1st IVF cycle is often sub-optimal and that the most effective form of treatment is often not established until after the 1st cycle has been completed.
- 8.9 A number of responses highlighted the negative impact on mental health as a result of reducing the number of available cycles for people who had already gone through the physically and emotionally demanding process of subfertility investigations and meeting the IVF service access criteria (this process is a minimum of two years). A number of responders felt that the decision to reduce the number of cycles created a pressure to conceive that would be detrimental to patient outcomes and successful birth rates. Following on from the concerns raised regarding the relationship between stress, mental ill health and the ability to conceive, the CCG reviewed the evidence base and found that although it is clear that infertility causes stress (and individuals and couples awaiting or going through IVF treatment report elevated levels of depression and anxiety), there is no clear evidence of ill mental health or stress affecting IVF treatment outcomes.
- 8.10 Following the consultation, the CCG revisited its EIA and considered the comments regarding the potentially harmful effects of the proposed policy change. Although the concerns raised have no disproportionate impact on any protected characteristic group, the evidence is clear that there are a number of medical conditions that do reduce the likelihood of a successful birth via IVF, and the decision to reduce the number of funded cycles would disproportionately affect individuals with these conditions.
- 8.11 Individuals who have clinically exceptional needs that affect their ability to conceive are able to apply for an Individual Funding Request (IFR) with the support of their

healthcare professional. All requests are considered by the CCG's IFR panel on a bi-monthly basis.

- 8.12 A number of responses highlighted concerns regarding the ability of individuals and couples living within HMR to fund their own IVF treatment should they require additional IVF cycles if the proposed policy option is accepted. The CCG acknowledges that some individuals and families who require IVF treatment within HMR will be disproportionately affected by the proposed policy change as a result.

9. Conclusion

- 9.1 The main purpose of the consultation period has been to understand the views of patients and stakeholders within HMR CCG and to highlight any views or evidence that the CCG and ICB had not considered in their deliberation of the IVF policy proposal.
- 9.2 The CCG has listened to the feedback raised via the stakeholder consultation and revisited a number of areas of concern to ensure that all areas relevant to the discussion on the policy proposal can be considered by Health, Schools and Care O&SC prior to making a final decision on IVF funding policy.

Background Papers

Governing Body Minutes (February 2018)
Governing Body Minutes (September 2018)
IVF Policy Public Consultation Document

For Further Information Contact:

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**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group



Appendix 1:

Reducing provision of IVF treatment from
three cycles to one.

A report on the public consultation

Reducing provision of IVF treatment from three cycles to one.

A report on the public consultation

Background

At the meeting of the Integrated Commissioning Board (ICB) in February 2018 the board proposed to reduce provision of IVF from three cycles to one subject to public consultation.

Clinical Commissioning Groups have a duty under the 2006 and 2012 acts to engage with the public and patients:

- In the planning of the commissioning arrangements by the group,
- 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,
- 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.

The proposal to limit IVF provision is clearly covered by this duty.

Before making a decision the ICB considered the following:

- How many people in Heywood, Middleton and Rochdale access IVF services?
 - We do not know the exact number of patients who access IVF treatment services or the specific number of IVF cycles each patient receives as part of their treatment. This is because the CCG follows strict rules surrounding the use of patient data and we do not hold information that allows us to identify individuals who receive treatment.
 - We are able to record information on the number of funded IVF cycles. We know that over the course of the last two financial years (2016/17 and 2017/18), the CCG funded a total of 659 cycles of IVF.
- How much does the CCG currently spend on IVF treatment?
 - Over the past two years, the CCG has spent an average of £423,000 per year on IVF treatments for Heywood, Middleton and Rochdale patients.
- How successful is IVF treatment?

The success rate of IVF depends on a number of different factors.

- The overall chance of a live birth following IVF treatment falls with rising female age. Between 2014 and 2016, the percentage of IVF treatments nationally that resulted in 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

- National guidance does not currently recommend that women over the age of 42 receive IVF treatment as the chances of a successful pregnancy are considered to be too low.
- The guidance also states that the overall chance of a live birth falls as the number of completed IVF cycles that are unsuccessful increases.

The ICB Proposal

The CCG has a duty to secure the best investment for the funds that we have been allocated to provide high quality care for local people.

We have considered a number of different consultation options regarding the future of funded IVF cycles for patients in Heywood, Middleton and Rochdale.

Consultation Options

Option	IVF Cycle Offer	Potential annual cost saving (based on 17/18 spending)
A	Current policy (3 funded cycles of IVF)	No saving
B	Offer 2 funded cycles of IVF	£98,000
C	Offer 1 funded cycle of IVF	£259,000
D	Offer 0 funded cycles of IVF	£429,113

The CCG's preferred option for future IVF funding is Option C (Offer 1 funded cycle of IVF). This would bring our local IVF policy in line with the majority of other CCGs in England.

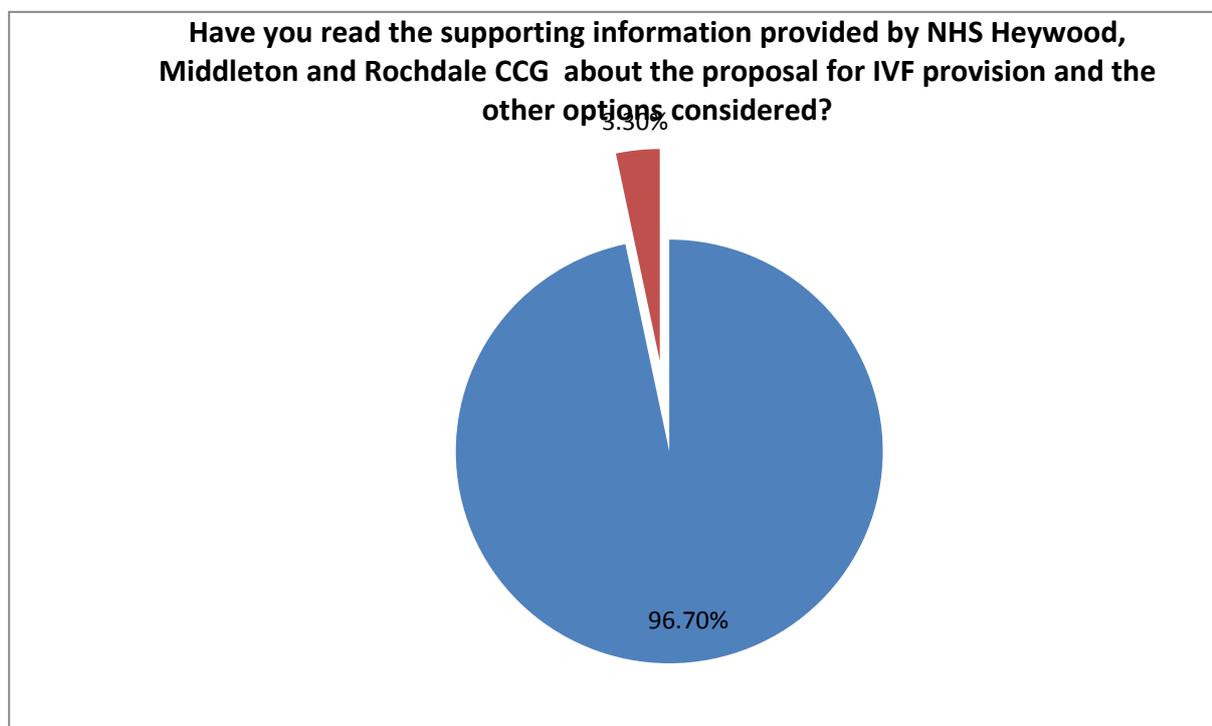
All other aspects of the IVF policy eligibility criteria will remain the same.

The survey

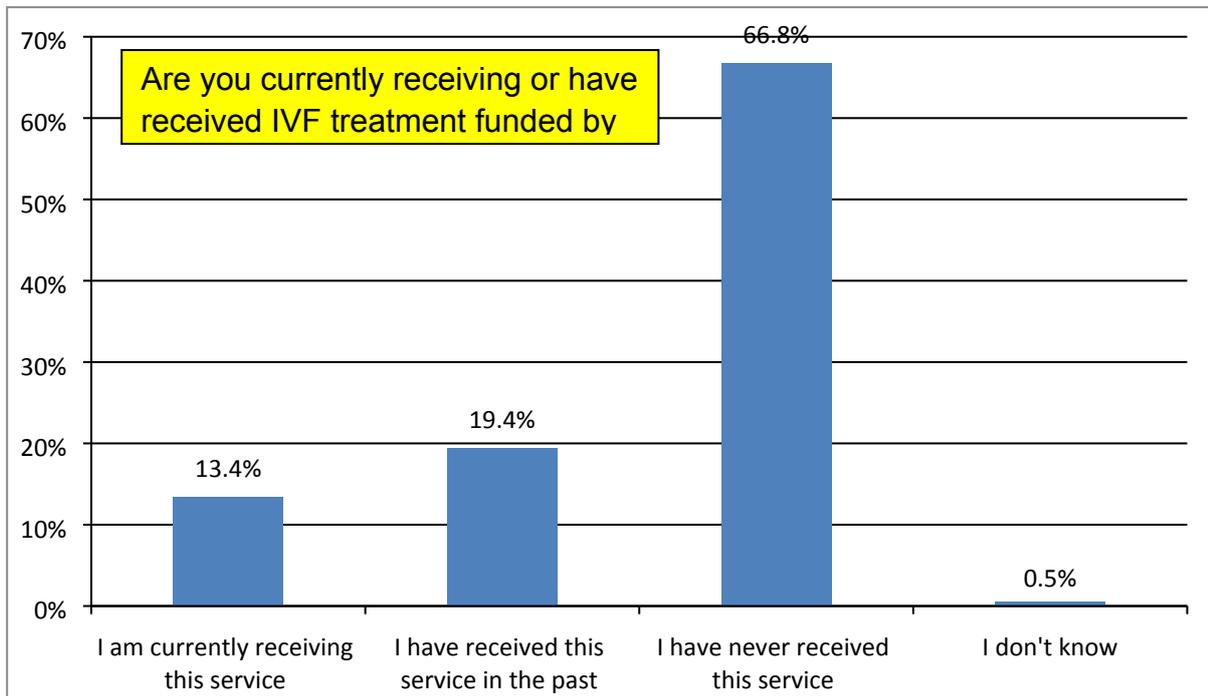
The consultation lasted for 6 weeks in the form of a survey using the Survey Monkey platform. To ensure those who could not access the internet had the opportunity to take part the public / patients were given the option to e mail or phone HMR CCG to receive the survey in an alternative format.

A copy of the survey is attached in appendix 2.

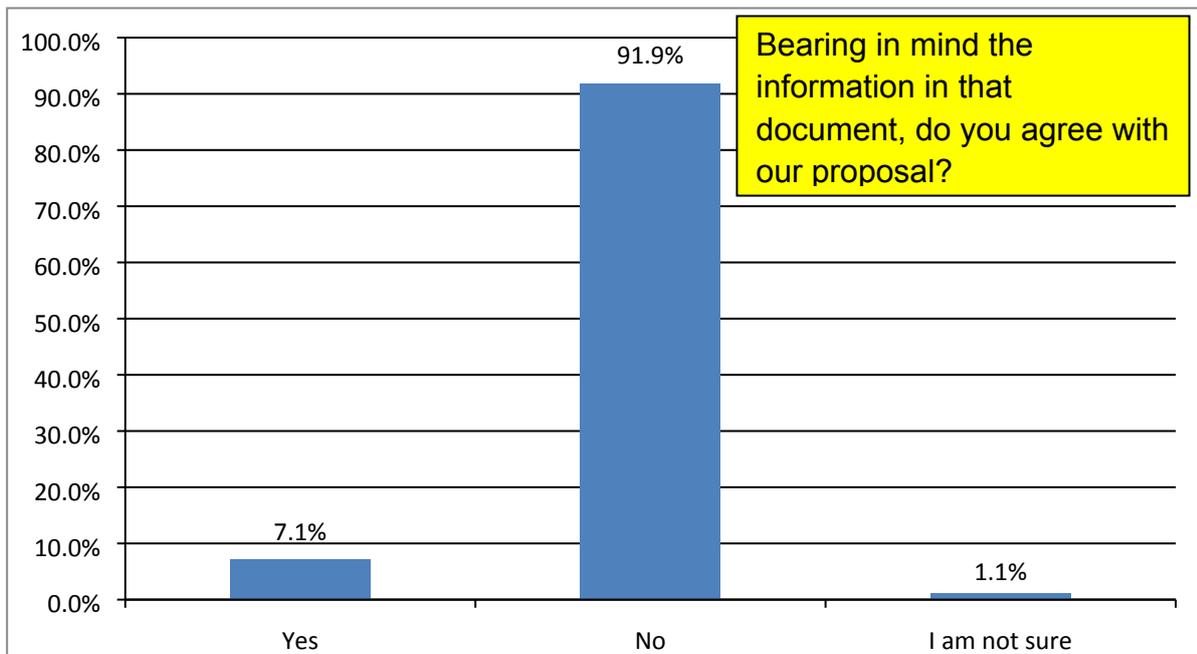
The first question in the survey asked if respondents had read the supporting documentation to the proposal to reduce the number of cycles of IVF; 96.7% said they had. (Base 369)



Question 2 asked respondents if they were in receipt of IVF treatment or had been treated previously; 13.4% said they were currently receiving the treatment and 19.4% had received it in the past. (Base 367).



The principal question in the survey, question 3, asked respondents if they agreed with the proposal to reduce IVF provision to one cycle. The majority of respondents, 91.9%, were against the proposal. (Base 369)



Respondents were given the option to comment on the proposal in more detail, 239 respondents chose to do so. Given that around 92% of respondents were against the proposal comments reflected this.

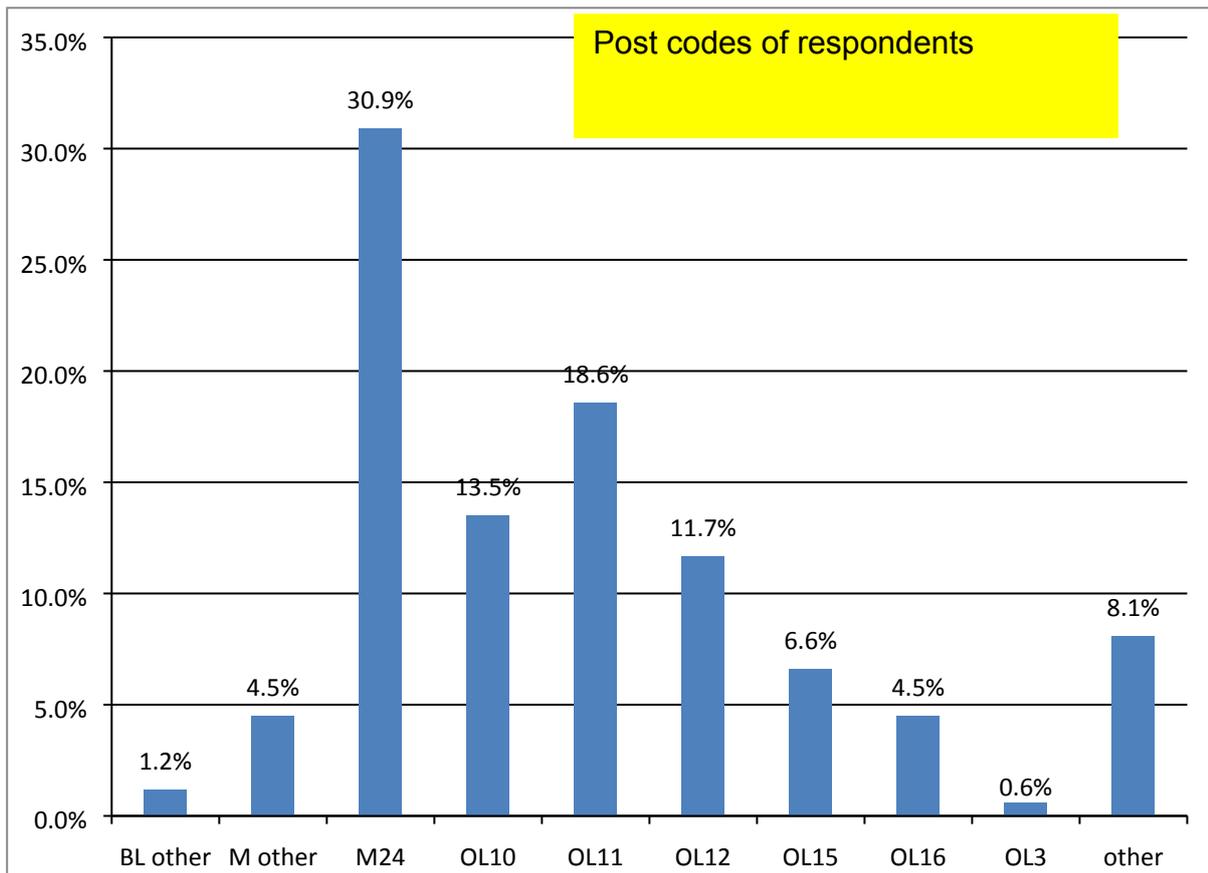
The key issues raised in the comments were:

- Everyone had the right to bear a child and reducing the number of cycles was counter to this.
- Subfertility is not a lifestyle choice or self-inflicted and should be viewed as a medical condition
- Three cycles provide a better chance of pregnancy than just one cycle
- Given the relative deprivation of the borough of Rochdale many people would not be able to pay for fertility treatment if they could not access it through the NHS
- Have the consequences of reducing IVF provision been properly considered, what about the deterioration in mental health that may be a result of not being able to bear a child
- The proposal is about cost cutting and has not been made for justifiable medical reasons
- Everyone should have the right to 3 cycle to achieve pregnancy
- NICE guidelines recommend 3 cycles

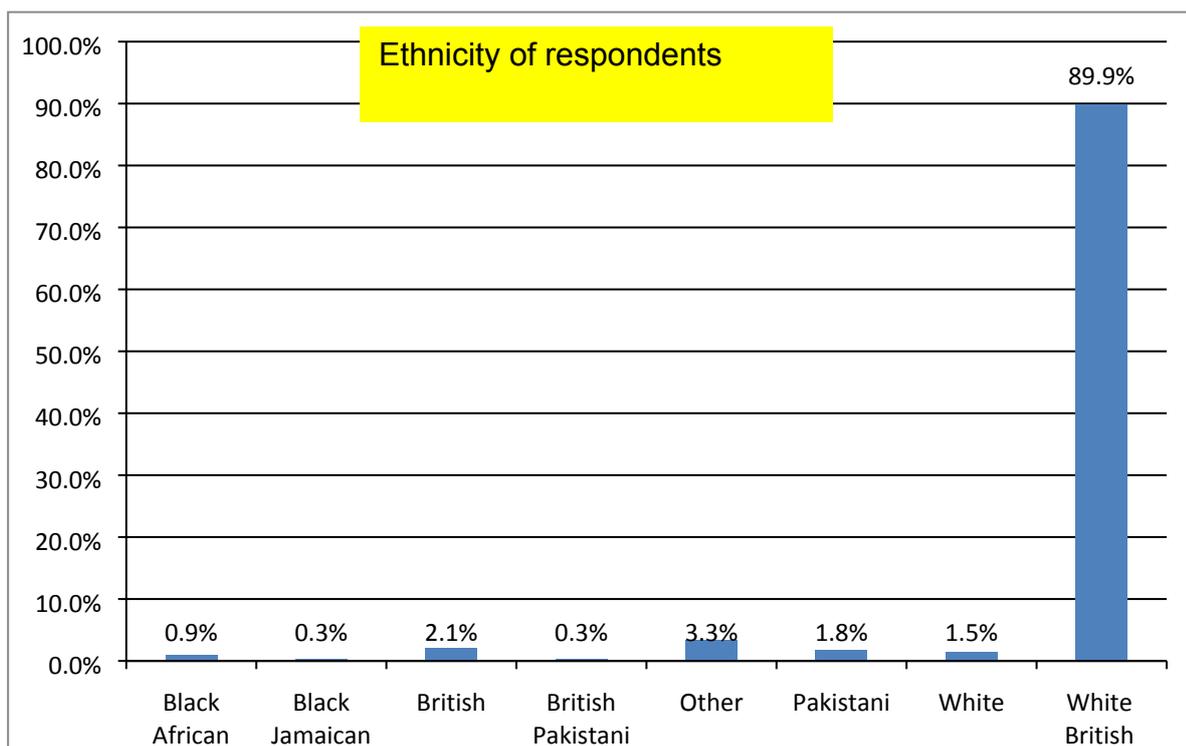
The second bank of questions in the survey were about the respondents themselves.

Respondents were asked if they were registered with a GP practice in the HMR area, 76.4% said they were. (Base 348).

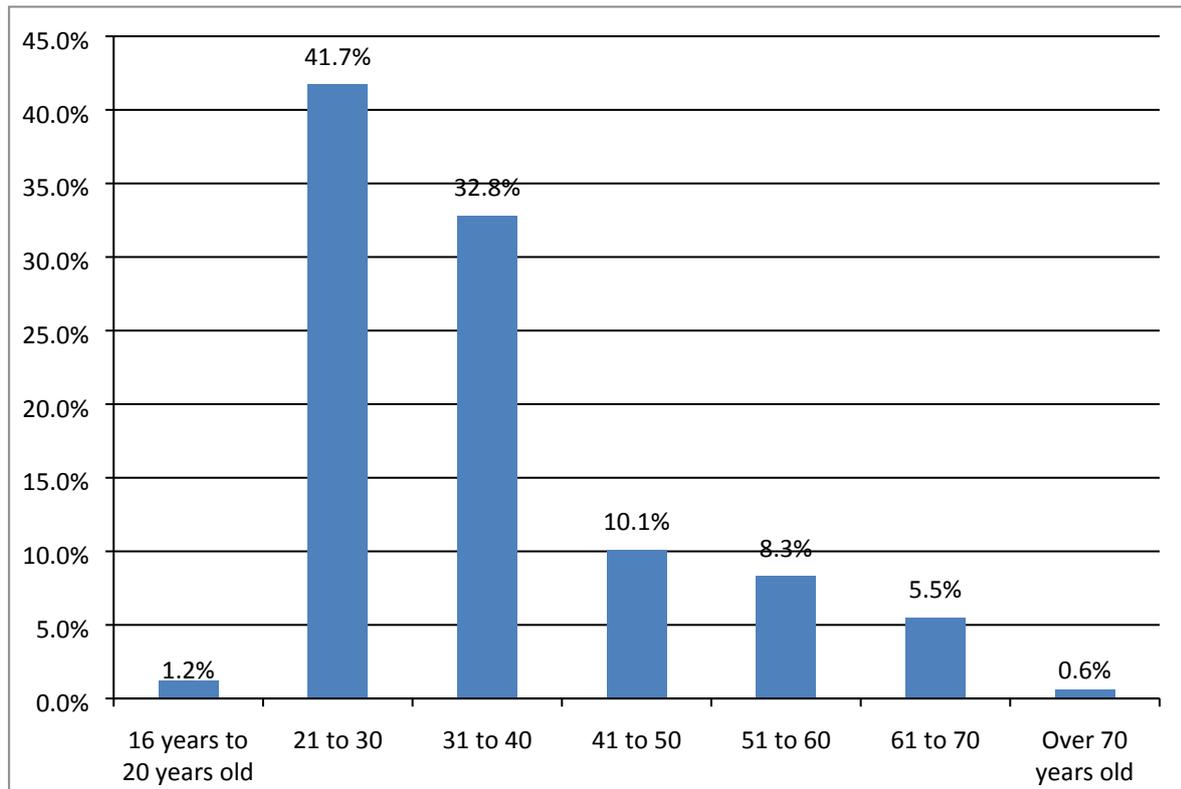
Respondents were then asked to give the first part of their post code to illustrate the concentration of respondents in different areas. The largest cohort of respondents was from the M24 post code, (30.9%) followed by OL11 (18.6%) and OL10 (13.5%) (Base 334). The chart below shows the full breakdown.



Respondents were asked to state the ethnic background with which they identified. This was an open question to allow respondents to enter the ethnicity they were comfortable with and was coded later. 89.9% of respondents stated their ethnicity was White British, the next largest cohort was British at 2.1% and Pakistani at 1.8%. The chart below shows the full range. (Base 335)



Respondents were asked to match their age to a series of 10 year age bands. The chart below shows the breakdown.



As can be seen 74.5% of respondents were aged between 21 and 40. This is unusual for a survey where respondents generally tend to be older however given the subject of this consultation a higher representation from younger age groups is to be expected. (Base 348)

In terms of gender 84.8% of respondents were female, and 19.9% male. (Base 348) Once more given the subject of the consultation a high proportion of female respondents would be expected. 97.1% of respondents stated they were heterosexual. (Base 347)

Respondents were asked about long term illness and disability. 7.2% of respondents said they had a physical condition that affected their daily life, and 3.7% a mental condition. 4.3% considered themselves to be disabled. (Base 348)

Finally respondents were asked about informal or formal caring responsibilities. 4.3% of respondents said they did care for someone with a physical or mental health condition. (Base 348)

Conclusions.

There are several points to consider from this report:

- Over 90% of respondents disagreed with the proposal to reduce the number of cycles of IVF treatment. The majority of the 239 supporting comments supported this view, some with

impassioned arguments. An alternative proposal was suggested by one respondent - "I appreciate that because of government underfunding, savings have to be sought in this area. However, having read the information regarding the decreasing success rate of IVF with age, I would like to suggest that instead of reducing the number of IVF treatments to one across all age brackets, it would make more sense to reduce the number to two for the under 35 to 37 age group, one for the 38 to 42 and remove the treatment for the over 42 years old, as the success rate is so low."

- There were some anomalies in the survey returns:
 - An unusually large number of respondents came from the M24 post code, nearly twice as many as the next most popular post code
 - Certain IP addresses had been used a number of times. The IP address is like the digital signature of a machine and can identify how many times a particular machine has been used for responses. In one case the same IP address was used 38 times. This could indicate that one person was trying to unfairly influence the outcome of the survey or that the machine used had public access such as at a library and was being used by those without their own access. (though the times of usage suggest otherwise)
- The demographic breakdown of respondents was unusual. The high number of younger respondents and female respondents was unusual but could be linked to the subject of the survey. There were an unusually large number of respondents from the M24 post code.

Appendix 2 – the survey

Consultation on a proposal to review the way IVF provision in the borough of Rochdale

We, NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (NHS HMR CCG) are seeking views from patients registered with a GP practice in the borough of Rochdale, HMR 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 6 weeks from 3/12/2018.

If you would like this document in another format, please contact us on 01706 652151 or e mail phil.burton@nhs.net.

1. Have you read the supporting information provided by NHS Heywood, Middleton and Rochdale CCG about the proposal for IVF provision and the other options considered?

- Yes
 No

2. Are you currently receiving or have received IVF treatment funded by NHS?

- I am currently receiving this service
 I have received this service in the past
 I have never received this service
 I don't know

3. In Rochdale we are proposing to reduce provision to one funded cycle of IVF. The reasons for this proposal and the other options considered are described in the supporting document. Bearing in mind the information in that document do you agree with our proposal?

- Yes
 No
 I am not sure

4. If you would like to tell us the reason behind your answer to question 3 please use the box below.

If you would like to share your experiences of IVF with us, please email the HMR CCG Engagement Lead at phil.burton@nhs.net

Consultation on a proposal to review the way IVF provision in the borough of Rochdale

About You

The following questions allow us to examine if different groups have different or similar views on the issues. They will not affect the confidentiality of your responses.

5. Are you registered with an HMR CCG GP practice?

- Yes
 No

6. Please give us the first part of your post code, e.g. M24, OL10

7. Please use the box below to tell us the ethnic background you identify with, e.g., Black African, Pakistani, White British, etc.

8. What is your age? Please tick the age band that matches your own.

- | | |
|--|---|
| <input type="radio"/> 16 years to 20 years old | <input type="radio"/> 51 to 60 |
| <input type="radio"/> 21 to 30 | <input type="radio"/> 61 to 70 |
| <input type="radio"/> 31 to 40 | <input type="radio"/> Over 70 years old |
| <input type="radio"/> 41 to 50 | |

9. What gender do you identify with?

- Male Transitioning
 Female I would rather not say
 I am not sure

10. Which of the following options best describes how you think of yourself?

- Heterosexual / Straight Bisexual
 Homosexual / Gay man I am not sure
 Lesbian / Gay woman I would rather not say

11. Do you have a long term physical or mental health condition that affects your daily life? Please tick any box that applies.

- Yes - Physical
 Yes - Mental
 No
 I would rather not say

12. Do you consider yourself to be disabled?

- Yes
 No
 I would rather not say

13. Do you act as carer for a family member with a physical or mental health condition either formally or informally?

- Yes
 No
 I would rather not say.