



**Basildon and Brentwood
Clinical Commissioning Group**

**Your views on
Specialist Fertility Services**

Consultation on a proposed change in policy

Final date for feedback 23 September 2015

This consultation is part of a series of “Fit for the Future” discussions to inform healthcare commissioning plans for 2017 onwards for Basildon and Brentwood CCG residents (including Basildon, Billericay, Wickford and Brentwood).

Publication details

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Key contact for further information	William Guy or Romina Bartholomeusz via bbccg.contact@nhs.net

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You can let us know your views by completing our feedback questionnaire, available online via:

<http://basildonandbrentwoodccg.nhs.uk/public-consultations-and-engagement/specialist-fertility-services/specialist-fertility-services-survey>

1. What this document is about

Consulting your views on specialist fertility services

Basildon and Brentwood Clinical Commissioning Group (CCG) is proposing a change to its policy on commissioning specialist fertility services. A change in policy would affect anyone registered with a GP in the localities of Basildon, Billericay, Wickford or Brentwood who might be looking to receive specialist fertility services from the NHS.

The issue is also a matter for wider views as it concerns the way we spend public money on healthcare for the wider CCG population.

This document sets out the current facts about specialist fertility services and why we are proposing a change. It explains two possible options and asks for your views on the pros and cons of each option. It also asks whether you have an alternative option that you would like us to consider.

We want to consider all perspectives: the implications for people who may be facing problems with infertility, what staff think and a range of views from local people; alongside expert opinions, national guidelines and financial pressures.

After a period of consultation, the Basildon and Brentwood CCG Board will take a decision on its policy for specialist fertility services in autumn 2015.

2. Why we need a change

There is a lot to be proud of in our local NHS. In recent years there have been major improvements in the quality of many of the NHS services that people rely upon as well as innovative developments in the care and treatment of patients that have led to improved outcomes.

However, health and social care services have not kept pace with changes in society over the years, and without significant change we know the NHS and social care will struggle to meet the future needs of local people.

The system is not currently set up to cope with the growth in demand for services and the change in people's health needs – for example, the growing number of people living with long term conditions. We are seeing the effects now - local health services are failing to achieve national targets across a range of areas; Basildon Hospital's A&E department is struggling to cope with a record number of patients; in primary care, patients are finding it harder to get an appointment with their GP; patients tell us that they often find the health and social care system overwhelmingly complex and disjointed.

While pressures on the system grow, the amount of money we are given to run health services is not keeping pace. Without change, these problems can only get worse.

Major advances in technology and medicines continue to transform the way we treat and care for patients – but the way the NHS delivers health services hasn't

changed significantly since its formation in 1948. We need to build local health and care services that are truly fit for the future.

With this in mind, over the next few months NHS Basildon and Brentwood CCG together with Essex County Council (ECC) will be planning to change how a range of health and care services will be delivered to local people from 2017 and how we can make them clearer and simpler for patients to use. We want to reduce complexity, waste and duplication in the system to create modern health and care services that are built around patients.

The financial challenge

We are working to transform the health and social care system to meet the challenges of the future, but the CCG also has a big financial challenge to meet in the short term with a predicted deficit of around £20 million this year.

The CCG has had to develop a financial recovery plan to set out the steps we will take to ensure we comply with our legal duty to balance our books by the end of the year.

The majority of the planned savings set out in the financial recovery plan will come from the transformation of services to reduce complexity, waste and duplication across health and social care, but in order to meet our challenging financial targets we are also having to look at restricting access to a small number of services.

Following a review of all the services provided by the local NHS, we are now launching a public consultation on the future of specialist fertility services (procedures and treatments that are provided at specialist fertility centres, such as specialist IVF services) within Basildon and Brentwood.

The options for specialist fertility services explained in section 6 of this document include estimates of potential savings from a proposed change in policy.

Seeking your involvement

The proposed policy change for specialist fertility services is one part of the CCG's proposals for prioritising our expenditure within the available resources.

As part of our "Fit for the Future" community engagement programme, we are asking local people for their views on how NHS and social care services should look from 2017. You can find out more about this and how to tell us what you think by visiting:

<http://basildonandbrentwoodccg.nhs.uk/public-consultations-and-engagement/fit-for-the-future>

3. Essential background

What are specialist fertility services?

NICE Guidance

According to the National Institute for Health and Care Excellence (NICE), a woman of reproductive age who has not conceived after one year of unprotected sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner.

For people with unexplained infertility, your GP would be your first point of call. If clinically appropriate, your GP may refer you to a gynaecologist for further investigations. This may lead to treatment at your local hospital, which could include drug treatments to induce ovulation or surgical treatment, for example, to treat endometriosis.

Beyond these treatments, there is assisted conception, which is any treatment that deals with a means of conception other than vaginal intercourse. These specialist fertility services frequently involve the handling of eggs and embryos.

According to the recent NICE clinical guideline on Fertility, infertility affects one in seven heterosexual couples in the UK. NICE indicates that the following are the main causes of infertility in the UK (percentage figure indicates approximate prevalence)

- Unexplained infertility – no identified male or female cause (20 percent)
- Ovulatory disorders (20 percent)
- Tubal damage (20 percent)
- Factors in the male causing infertility (30 percent)
- Uterine or peritoneal disorders (10 percent)

In about 40% of cases disorders are found in both the male and female. A typical clinical commissioning group (CCG) is estimated to see 230 consultant referrals per 250,000 population.

These proposals cover the provision of specialist fertility services i.e. intervention following the work up of infertility causes undertaken within local district general hospitals. Referrals to these services are typically made by secondary care consultants and include:

- In-vitro fertilisation (IVF) and Intra-cytoplasmic sperm injection (ICSI)
- Surgical sperm retrieval methods
- Donor Insemination
- Intra Uterine Insemination (IUI)
- Sperm, embryo and male gonadal tissue cryostorage and replacement techniques and other micro-manipulation techniques including sperm washing.
- Egg donation, where no other treatment is available

NICE Clinical Guideline (CG11-Fertility) was updated in February 2013 (CG 156).

Key points of the NICE guideline relating to access for IVF:

- Women up to 40 years of age should be offered three full cycles of IVF
- Women between 40 and 42 who meet certain criteria should be offered one full cycle of IVF

- Both men and women with a body mass index greater than 30 should be advised to lose weight as this may restore fertility
- Women who smoke should be offered a smoking cessation programme.

Current CCG Commissioning Arrangements

The Clinical Commissioning Group is part of an East of England wide collaborative commissioning arrangement for specialist fertility services. This collaborative recently placed contracts with five providers;

- Bourn Hall Clinic (which has centres in Cambridge, Colchester, Wickford and Norwich)
- London Women's Clinic (Harley Street and other central London locations)
- Create Health Limited (Wimbledon and Central London)
- Guys and St Thomas' Hospital
- The Centre for Reproductive and Genetic Health (London)

Referrals to these services are made in local district general hospitals by local consultants following investigation of infertility issues.

Spend on these services in 2014/15 was approximately £400k.

There are other specialist services commissioned by NHS England, which are available separately, and not covered by Basildon and Brentwood Clinical Commissioning Group service restrictions policy. For example, Basildon and Brentwood Clinical Commissioning Group is not responsible for commissioning Pre-implantation Genetic Diagnosis and associated IVF/ICSI and specialist fertility services for members of the Armed Forces.

Current policy in BBCCG

Basildon and Brentwood CCG commission assisted conception in line with NICE guidance (CG156). In addition the person with the identified fertility problem must be registered with a Basildon and Brentwood CCG GP and live within that practice's boundary or, if unregistered, their usual place of residence is within the Basildon and Brentwood CCG boundary. The period of residence must be a minimum of 12 months.

The full guideline is available via <http://www.nice.org.uk/Guidance/CG156>

The key elements of this guideline are as follows;

- In women aged under 40 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more are by intrauterine insemination) the CCG commissions 3 full cycles of IVF, with or without ICSI.
- If the woman reaches the age of 40 during treatment, complete the current full cycle but not further full cycles.
- In women aged 40–42 years who have not conceived after 2 years of regular unprotected intercourse or 12 cycles of artificial insemination (where 6 or more

are by intrauterine insemination), we offer 1 full cycle of IVF, with or without ICSI, provided the following 3 criteria are fulfilled:

- they have never previously had IVF treatment
 - there is no evidence of low ovarian reserve
 - there has been a discussion of the additional implications
- In women aged under 40 years any previous full IVF cycle, whether self- or NHS-funded, counts towards the total of 3 full cycles that are offered by the NHS.

Clinically exceptional cases (cases that fall outside of the agreed eligibility criteria) are considered by application to the CCG's exceptional cases panel.

4. The financial situation

Over the next few months NHS Basildon and Brentwood CCG together with Essex County Council (ECC) will be planning to change how a range of health and care services will be delivered to local people from 2017 and how we can make them clearer and simpler for patients to use. We want to reduce complexity, waste and duplication in the system to create modern health and care services that are built around patients but are also affordable for the local health economy and sustainable for the future

The CCG has been working with NHS England, external advisors, local health economy partners and other national monitoring bodies to identify how costs can be reduced.

Part of a short-term savings plan

Ideally, Basildon and Brentwood CCG would commission specialist fertility services to the standard set by the NICE guideline, but current circumstances are not ideal.

The annual cost of healthcare in Basildon and Brentwood is currently greater than our annual funding allocation. In the short term, the CCG is facing a big financial challenge with a predicted deficit of around £20 million this year.

To secure our local health service for the future, we have to clear this deficit. We need to make changes and get back into financial balance.

We know that, by radically changing the way local healthcare works, by doing more in terms of prevention, by simplifying emergency and urgent care and by caring for frail and vulnerable people with more personal care at home, we can achieve better outcomes for patients and save money.

However, this type of service transformation takes time, possibly two or three years or more. In the meantime, we need to take some immediate short-term action to reduce spending.

A change to commissioning policy for specialist fertility services is one of many things we are considering as part of the short term action to reduce

spending.

By decommissioning specialist fertility services, we estimate we have the opportunity to save up to £400k every year.

Why decommission specialist fertility services?

The proposals in this consultation document have been selected by the CCG after careful consideration of the possible ways in which the CCG could achieve immediate short-term savings.

Specialist fertility services was highlighted as an area that could, and should, be reviewed in terms of spending. There was a general agreement among CCG Clinical leads that other types of healthcare should take priority over fertility services in any spending decisions.

It is the purpose of this consultation to find out what local people and those with an interest in these issues think.

5. Proposed options for a policy on specialist fertility services

Option 1 – No change to the existing policy

This option means continuing to offer specialist fertility services under the current eligibility criteria set by the CCG's existing policy.

Option 2 – Decommissioning specialist fertility services

This option means the CCG would cease commissioning specialist fertility services for all patients. Patients would only be able to access gynaecology services within local district general hospital.

Pros and cons of option 1 – No change to the existing policy

Maintenance of the status quo. Assisted conception, including offering three cycles of IVF, would continue to be available to those who meet the eligibility criteria. Outside the agreed eligibility criteria, clinically exceptional cases would be considered by application to the CCG's exceptional cases panel.

Impact on patients

No change from current policy. NB. If NICE Guidelines change, the CCGs criteria would change accordingly (as we follow NICE Guidance).

Clinical effectiveness

The current CCG policy is in line with the NICE Guideline.

Impact on financial recovery plan

This option does not offer any potential financial savings. The CCG would have to

find another way to make savings as part of its Financial Recovery Plan to get back into balance.

Pros and cons of option 2 – Decommissioning specialist fertility services

Under option 2 the CCG would cease commissioning specialist fertility services for all patients. Patients would only be able to access gynaecology services within local district general hospital.

If implemented, this policy would apply to only those patients referred onto specialist fertility pathways from the date of implementation. Any patient on an existing pathway would be able to conclude their pathway in line with the current restriction policy.

Clinically exceptional cases would be considered by application to the CCG's Individual Funding Request Panel. The CCG would keep and monitor the impact of the change on both services and people with fertility problems. There would be a review of the policy annually and further changes could be applied, including a return to wider access to specialist fertility services, if this was considered to be affordable.

Impact on patients

If the revised policy were to be approved, it means that people having difficulties conceiving would still be able to consult their GP and, if appropriate, see a local gynaecologist for further investigation. If further referral on to Specialist Fertility Services is required only those which are deemed clinically exceptional could be considered by application to the CCG's Individual Funding Request Panel.

For those experiencing fertility problems, which may have been eligible for specialist fertility services under the CCG's previous policy but are no longer eligible under the amended policy, there would undoubtedly be some disappointment/negativity. Other CCGs may continue to offer wider access to specialist fertility services, which would not be available to residents of Basildon and Brentwood CCG. Should this option be approved, the advice to new patients who may be having difficulty with conception would be that they should seek help from their GP. The GP would then decide whether to refer them to a local gynaecologist for further investigation.

Clinical effectiveness

This option would mean that the CCG is not commissioning in line with NICE Guidelines. It should be noted that the CCG does not have to adhere to NICE Guidelines (only Technical Appraisals).

Impact on financial recovery plan

This would offer a recurrent annual saving of £400k. NB. Savings in 2015/16 would be a part year effect of this based on the part year implementation of the new restriction and the continued provision to those patients who are already on a specialist pathway.

We would also be interested to hear of any alternative option you may like us to consider.

If you have a suggestion for an alternative option, please let us know by filling out the questionnaire online by 23 September 2015:

<http://basildonandbrentwoodccg.nhs.uk/public-consultations-and-engagement/specialist-fertility-services/specialist-fertility-services-survey>

6. Implementing a change

Notifying and informing local people

Following a decision of the Basildon and Brentwood CCG Board in Autumn we would publish the outcome of the consultation and policy decision.

Information about the policy, amended or unchanged, would be available from the CCG website as well as general information via the local press.

The decision-making process

All feedback whether written or in face to face discussions will be summarised in a report to the Basildon and Brentwood CCG Board. Alongside the outcome of consultation there will be an equality impact assessment.

The Board will then consider the outcomes of consultation and equality impact assessment together with commissioning and financial information before reaching a view about the policy for specialist fertility services.

A final decision will be taken at a meeting of the CCG's Board in Autumn 2015.

If a policy change was agreed

The CCG would make available clear information for GP practices, clinicians and service users explaining the policy for specialist fertility services, the reasons behind it and how to apply to the CCG's exceptional cases panel.

The CCG's Patient Experience Team, which includes the local PALS service, would provide help and advice for service users by telephone, letter and email, including support to those who may wish to apply to the CCG's exceptional case panel.

Future policy reviews

The CCG reviews all of its service restriction policies annually, usually around July time, as part of the CCG's annual planning cycle.

Patient feedback, national guidelines and all aspects of local commissioning are taken into account as part of an annual policy review.

7. How to give your views

- You can express your views in writing, by using the online feedback form.
- You can book a place at one of the discussion events we are holding to discuss the full picture of our commissioning plans, including the proposed change in policy for specialist fertility services.
- If you would like a separate discussion for your group or organisation, please contact us using the contact details below.

Online feedback

To submit your views online, please go to:

<http://basildonandbrentwoodccg.nhs.uk/public-consultations-and-engagement/specialist-fertility-services/specialist-fertility-services-survey>

Please fill out the questionnaire by 23 September 2015.

Open public discussion workshops

The following discussion events are part of our “Fit for the Future” community engagement activities which will capture local people’s views on the future of NHS and social care services, but there will be also be an opportunity to tell us what you think about any proposed change to our policy on specialist fertility services.

Date	Time	Place
Wednesday 26 August 2014	5pm – 7pm	Wick Community Centre, Silva Island Way, Wickford, Essex SS12 9NR
Tuesday 8 September 2014	10.30am – 12.30pm	Brentwood Community Hospital, Crescent Drive, Brentwood, Essex CM15 8DR

To book places at either of the events above, please contact the CCG offices at the number given below.

Request a meeting for your group or organisation

If you would like to arrange a meeting for your group or organisation, please contact the CCG offices at the number given below.

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