

A Healthier Future Let's Talk

**IVF and
fertility services**
in Hertfordshire and west Essex

6 July – 14 September 2017

East and North Hertfordshire CCG,
Herts Valleys CCG and
West Essex CCG

Seeking your views on IVF and fertility services in Hertfordshire and west Essex

This document seeks the views of people living in Hertfordshire and the West Essex CCG area on proposed changes to NHS-funded IVF (in vitro fertilisation) and specialist fertility treatment.

Who are we?

Clinical Commissioning Groups (CCGs) are the local NHS organisations which plan and pay for local health care and make sure that our residents receive good care.

The three CCGs which are responsible for the 1.5 million population of Hertfordshire and west Essex are called NHS Herts Valleys CCG, NHS East and North Hertfordshire CCG and West Essex CCG.

Like all CCGs, our three organisations are led by local doctors representing the needs of their patients and the views of their GP colleagues, as well as 'lay' members, who are not doctors and represent the local community.

All three CCGs have started to work more closely together as part of the Hertfordshire and west Essex 'Sustainability and Transformation Partnership' (STP) to improve patient care and deliver more effective, joined-up and affordable services.

We also want to start to offer the same NHS services regardless of where in Hertfordshire or west Essex people live. There are currently differences in what the NHS will pay for in each of our CCG areas, so we are working to make services fairer and more consistent.



The challenges we face

Our CCGs face a difficult problem. We have a limited budget and care is expensive. The number of people who need health services is increasing and many people are living longer, often with complex conditions. National and local shortages of NHS staff mean that we have to make sure that doctors', nurses' and other specialists' time is used wisely. We also need to make the best use of the money available so that we can help as many people as possible to live healthier, longer lives, avoiding preventable illnesses.

There is a widening gap in our area between the money coming in to pay for NHS and social care and the amount we need to spend to meet the needs of our population. This gap in Hertfordshire and west Essex is forecast to reach £550 million by 2021 if we don't take action to improve the health of our population, deliver services differently and work more efficiently.

Wherever we can, we are making changes in ways which won't affect services. Through the Hertfordshire and west Essex Sustainability and Transformation Partnership (STP), we're cutting our own administration costs and working to get the best value for money from the organisations we pay to deliver health and care services. We also plan to make better use of technology and our buildings, in order to save money. You can read more about these plans online on the STP website at: www.healthierfuture.org.uk

We simply don't have the money to provide everything and continue as we are, so we want to hear your views about some difficult decisions on how we spend the money available to the local NHS.

Seeking your views

Earlier this year, both Hertfordshire CCGs carried out a [survey](#) to ask their residents their views on how we should prioritise spending. The results showed that people think it's important to prioritise treatments that are scientifically proven to be effective, deliver lasting health benefits, improve patients' quality of life and make the best use of NHS resources. We also asked for savings suggestions and we received a wide range of ideas.

Using local people's ideas, together with suggestions that have come to us from others – including national consultations and local GPs - we have drawn up some proposals for changes that we would like to ask you about.

This document explains why we are considering changing our policies on IVF and specialist fertility services. We have questions that we would like you to answer so that we can find out what you think.





We are also consulting the public in Hertfordshire about a range of other proposals:

- Requiring people who smoke or whose weight is classified as 'obese' to improve their health before they have non-urgent surgery
- Limiting the routine prescription of food supplements, as well as medicines and products that can be bought without prescription for short-term conditions and minor ailments
- Restricting the prescribing of gluten-free foods
- Stopping NHS funding for female sterilisation procedures
- Stopping the routine funding of vasectomies (this proposal would only affect patients in the Herts Valleys CCG area)

Find out more and give your views here:
www.healthierfuture.org.uk/NHSLetsTalk

The information you supply in response to this consultation will be securely collected and analysed by an independent research organisation.

Your responses will be kept completely confidential and in accordance with the Data Protection Act 1998. Our aim is not to be intrusive and we won't ask irrelevant or unnecessary questions.

Our proposals

Together with many other CCGs across the country, each CCG in our area is considering whether IVF (in vitro fertilisation) and associated specialist fertility treatments should continue to be funded by the local NHS.

Each CCG has different options to consider, because the funding of IVF and specialist fertility services is different in each area. All three CCGs are part of a bigger collective purchasing arrangement which means that we already secure specialist fertility services as cheaply as we can.

If no changes are made to existing IVF and specialist fertility services, each CCG would need to look to other areas of healthcare in order to make the savings needed.

We know that NHS funded IVF and specialist fertility treatments are valued by patients who have been trying for a baby without success. People affected by infertility are at significantly greater risk of experiencing

mental health issues than those who are not. However IVF treatment is usually unsuccessful - and can lead to mental health problems.¹ IVF and specialist fertility treatments are also expensive - each cycle of IVF typically costs around £3,200 in our area.

We need to balance the funding for this treatment with the other services and treatments we offer, so we are proposing to make changes to NHS funding for IVF and specialist fertility treatments.

Important note

Each of the three CCGs taking part in this consultation about IVF and fertility services is responsible for its own population and has its own governing body and budget. If a decision is taken to reduce or stop the NHS funding of a service in one CCG area, savings cannot be transferred to another CCG.



¹ Gameiro S, van den Belt-Dusebout AW, Smeenk JM, Braat DD, van Leeuwen FE, Verhaak CM. (2016) **Women's adjustment trajectories during IVF and impact on mental health 11-17 years later.** Hum Reprod. 2016 Aug;31(8):1788-98. doi: 10.1093/humrep/dew131. Epub 2016 Jun 9.

What are IVF and specialist fertility treatments?

While most women who are trying for a baby become pregnant within two years, current NICE guidance indicates that around 10% are unsuccessful.

Infertility can have many causes, which affect both men and women. Some of these can be treated relatively simply and quickly without the need for IVF (in vitro fertilisation) or specialist fertility treatment. This consultation only concerns the provision of IVF and the following specialist fertility treatments:

- [In vitro fertilisation \(IVF\)](#)
 - during IVF, an egg is removed from the woman's ovaries and fertilised with a man's sperm outside the body. Usually one or two resulting fertilised eggs, called embryos, are then returned to the woman's womb. If one of them attaches successfully, it results in pregnancy.
- [intra-cytoplasmic sperm injection \(ICSI\)](#)
 - when a single sperm is injected directly into an egg, instead of fertilisation taking place in a dish where many sperm are placed near an egg.
- [Intrauterine insemination \(IUI\)](#)
 - a fertility treatment that involves directly inserting sperm into a woman's womb.
- [Surgical sperm retrieval](#)
 - a small operation to remove the sperm from the epididymis or directly from the testicles

- Cryostorage of male and female gametes and embryos - where sperm, eggs or embryos are frozen and stored, usually before treatments that have the potential to make people infertile
- Egg and sperm donation - where egg or sperm donated from a third party is used for IVF when no other treatment is suitable

Whatever the outcome of this consultation, anyone experiencing fertility problems would still be able to consult their GP and where appropriate, be referred to a specialist for further investigation to establish why they are not getting pregnant.

NICE guidance on fertility

IVF and specialist fertility treatments have been routinely available on the NHS since 2004 for people who meet set criteria. The National Institute of Health and Care Excellence (NICE) initially advised Health Authorities to provide women who met the criteria with one cycle of IVF. This has increased to three cycles for women under 40 and one cycle for women aged between 40 and 42. Access to fertility treatment should be after a two year period of infertility with the same partner. You can read the NICE guidance here: www.nice.org.uk/guidance/CG156/

What is the position today in Hertfordshire and west Essex?

Although NICE guidance is recognised nationally as best practice, in England, IVF and specialist fertility treatments are funded by local CCGs which can set their own local criteria. CCGs may choose not to fund these treatments at all, or limit the number of cycles offered and most do this.

At present, NHS funded IVF is only offered to people meeting strict eligibility criteria. The number of cycles of IVF the NHS will fund in our area depends on where in Hertfordshire or west Essex you live:

- In the **East and North Hertfordshire CCG area**, three IVF cycles are offered for women under 40 and one cycle for women aged 40-42. For more details see www.enhertsccg.nhs.uk/ivf
- In the **Herts Valleys CCG area**, the current policy is available here: <http://hertsvalleysccg.nhs.uk/your-health-and-services/ivf>

- In the West Essex CCG area, two IVF cycles are offered for women aged under 40, and one IVF cycle for women aged 40-42. For more details see www.westsexccg.nhs.uk/about-us/library/service-restriction-policies/1806-west-essex-ccg-ivf-patient-leaflet-1

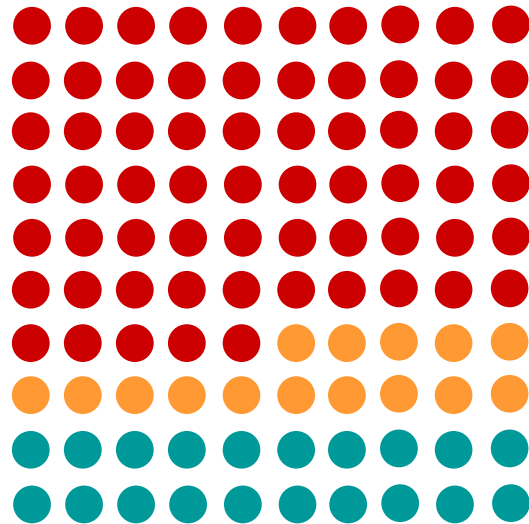
In addition, the following specialist fertility treatments, as described on page five, are also funded across our STP area.

- Intra-cytoplasmic sperm injection (ICSI)
- Intrauterine insemination
- Surgical sperm retrieval
- Cryostorage of male and female gametes and embryos
- Egg and sperm donation

Success rates of fertility treatments

NICE states that around 20-35% of women have a baby after each cycle of IVF. The likelihood of getting pregnant decreases after every unsuccessful treatment attempt.

A study published in the British Medical Journal (BMJ) in October 2016² showed the chance of having a baby through IVF was 29.1% as a result of one treatment cycle, 24.0% after a second cycle and 20.9% after three cycles.



For every 100 women (as represented in diagram) who have IVF or specialist fertility treatment, only between 20 and 35 will have a baby as a result, according to NICE fertility guidance.

- Will not have a baby
- Might have a baby
- Will have a baby

How much does IVF and specialist fertility treatment cost?

In the East and North Hertfordshire CCG area

- The current policy costs approximately £900,000 a year.
- If a decision is taken to reduce this to two cycles of treatment, the CCG would save around £176,000 a year.
- If a decision is taken to reduce this to one cycle of treatment, the CCG would save around £456,000 a year.

² David J McLernon et al. BMJ 2016;355:bmj.i5735

- If a decision is taken not to fund IVF and specialist fertility treatment at all, unless in exceptional circumstances, the CCG would expect, over time, to save most of what is currently spent (£900,000 a year).

In the West Essex CCG area

- The current policy costs approximately £400,000 a year.
- If a decision is taken to reduce this to one cycle of treatment, the CCG would expect to save around £155,000 a year, although the way that data is collected in this area means that precise savings are difficult to predict.
- If a decision is taken not to fund IVF and specialist fertility treatment at all, unless in exceptional circumstances, the CCG would expect, over time, to save most of what is currently spent (£400,000 a year).

In the Herts Valleys CCG area

- In 2016/17, the policy cost approximately £900,000.
- If a decision is taken not to fund IVF and specialist fertility treatment at all, unless in exceptional circumstances, the CCG would expect, over time, to save most of what is currently spent.

Each of the CCGs involved in this consultation has made it clear that increasing the number of IVF cycles they currently offer is not an affordable option.

Who would be affected by these proposals?

Around 500-600 patients registered with GPs in Hertfordshire and west Essex are given NHS funding for IVF and specialist fertility treatment every year.

If as a result of this consultation, the decision is made to reduce or stop NHS funding for IVF and specialist fertility services, those who have already begun a cycle of NHS-funded IVF before the policy change is implemented would have that cycle funded to completion. The provision of any further cycles would be subject to the policy agreed.

If a decision is made to stop funding IVF and specialist fertility treatment services altogether, this would mean that once the new policy takes effect, people in Hertfordshire and west Essex will no longer be referred for IVF and specialist fertility treatments through the NHS.

Exceptional circumstances

As is currently the case, in exceptional circumstances, an application from a GP or specialist could be made to the relevant CCG's 'Individual Funding Request' panel.

An Individual Funding Request is where a doctor thinks that for clinical reasons a patient should be able to have a treatment that is not usually funded for others. Each request would be reviewed by a panel of clinicians and commissioners who would decide whether or not to fund the treatment, based on individual clinical circumstances.

IMPORTANT NOTE

Pre-implantation genetic testing

The national organisation, NHS England, funds [pre-implantation genetic diagnosis](#) and associated specialist fertility treatment.

Therefore the group of patients who require pre-implantation genetic testing would not be affected by this proposal.



How will we consult with the public?

It is really important that any decision we make is influenced by your views. We want to hear your opinions on the options we have set out and any ideas you have which could help us to manage the impact of any changes to fertility services, if they are made.

You can give us your views any time between 6 July and 11 September 2017.

We will work with Healthwatch, patient participation groups and local community and voluntary organisations to make sure this consultation reaches as many local people as possible.

We will hold meetings and drop-in sessions so that you can have your say face- to- face. Details will appear on this website – www.healthierfuture.org.uk You can also give us your views by completing our online questionnaire:

- Complete our online questionnaire: www.healthierfuture.org.uk/NHSletstalk

If you are unable to do this,

- Email: info@actionpointms.co.uk
- If you're responding on behalf of an organisation and wish to send us a letter, please write to the following address, where we will be co-ordinating responses from across Hertfordshire and west Essex:

ActionPoint Marketing Solutions Ltd
Yew Tree Offices
Anstey
Buntingford
Hertfordshire
SG9 0DA

- Phone us on: 01707 685397

What will happen with your views?

Your views will help inform our decisions about the future of IVF and specialist fertility services.

If you are responding as an individual, your response (without your name) will be shared with the governing bodies/boards of the three CCGs and made available for others to see on their websites. If you are responding on behalf of an organisation or special interest group we will include that organisation's name in the final report, which will be presented to the governing bodies/boards of all three CCGs.

When the consultation period closes on 11 September, each CCG will use your feedback to help decide which option to implement.

We will publish our decision-making timetable over the summer.

Consultation questions

1. Please indicate your preferred option **for the CCG area where you are registered with a GP**. If you are not registered with a GP, indicate your preferred option for the CCG area where you live.

Please **do not** comment on the policy of more than one area.

If you are unsure which CCG area you live in, look at the map at the beginning of this document or go to www.healthierfuture.org.uk to find out.

In East and North Hertfordshire CCG area

- continue to fund the current number of cycles offered
- reduce to two cycles
- reduce to one cycle
- stop funding, except in exceptional circumstances
- stop funding altogether

In West Essex CCG area

- continue to fund the current number of cycles offered
- reduce to one cycle
- stop funding, except in exceptional circumstances
- stop funding altogether

In Herts Valleys CCG area

- continue to fund the current number of cycles offered
- stop funding, except in exceptional circumstances
- stop funding altogether

2. Is there anything you'd like to tell us about exceptions to the options we have proposed?

3. Do you think that the proposals in this document could adversely affect you, or someone close to you?

4. Is there anything else you would like to tell us about IVF and specialist fertility services?

About you

It's particularly important that you fill in this section of the document which tells us more about you. This is so that we can make sure that we have listened to the views of a broad cross section of people in Hertfordshire. You don't need to give your name.

5. Are you filling in this survey as a:

- Hertfordshire resident
- West Essex resident
- NHS professional
- Someone who works for an organisation which provides fertility treatment?
- Representative of a community organisation. Please specify

Elected representative (e.g. councillor or MP) Please specify

6. Please provide the first part of your home postcode (e.g. AL2)

7. Which GP Practice are you currently registered with?

8. How would you describe your gender?

- Male
- Female
- Prefer not to say

9. How old are you?

- Under 16
- 16-25
- 26-40
- 41-65
- 66-74
- 75 or over
- Prefer not to say

10. Do you live with a disability or long term condition?

- Yes
- No
- Prefer not to say

If 'Yes', please specify the condition or disability you live with:

11. Which of the following best describes your sexual orientation? Only answer this question if you are aged 16 years or over.

- Heterosexual
- Gay man
- Gay woman / Lesbian
- Bisexual
- Prefer not to say
- Other (please specify)

12. How would you describe your ethnic origin?

- White British (English, Scottish, Welsh, Northern Irish); White other
 - Asian / British Asian (Indian, Pakistani, Bangladeshi, Chinese); Asian other
 - Black / Black British (Black African, Black Caribbean); other Black background
 - Mixed background / Dual heritage
 - Roma / Traveller
 - Other ethnic group (please specify)
-

13. What is your religion or belief?

- Buddhist
 - Christian (all denominations)
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other (please specify)
-

14. Have you or a close family member ever received IVF treatment...?

- a) I have received IVF...
 - funded by the NHS
- b) paid for privately
- c) A member of my family has received IVF...
 - funded by the NHS
 - paid for privately

15. Do you have caring responsibilities? (If yes, please tick all that apply)

- None
- Primary carer of a child/children (under 18)
- Primary carer of a disabled child (under 18)
- Primary carer of a disabled adult (18 and over)
- Primary carer of an older person
- Secondary carer (another person carries out the main caring role)

Thank you for taking part in this important decision-making process.

We would like to keep you informed on local NHS developments. Please add your contact details below (email is preferred).

If you would like to receive this information in large print, easy read, audio or braille; or want it to be translated into a different language, please call 01707 685397 or email **communications@enhertscg.nhs.uk**