



**Cambridgeshire and
Peterborough
Clinical Commissioning Group**

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

13 March to 5pm 12 June 2017

This consultation is aimed at patients registered at a GP practice in Cambridgeshire and Peterborough Clinical Commissioning Group's area.

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

To request alternative formats, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- capccg.contact@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 noutro 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 a statutory body set up to commission health services on behalf of patients registered at a GP practice in our area. The CCG and GP member practices work together collaboratively to fulfil the purpose of the CCG. The CCG's Constitution sets out how the organisation is governed and how commissioning decisions are made.

The CCG is a membership organisation. We are one of the largest CCGs in England, by patient population. We have 105 GP practices as members, which cover all GP practices in Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of approximately 940,000 which is diverse, ageing, and has significant inequalities. We manage a budget of around £1 billion to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

What is this document about?

The NHS receives a fixed budget to buy and provide health services for the 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 many 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 which deliver 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, and good value for money, as well as whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

This document is about proposed changes to NHS funded specialist fertility services. It is written to inform people of the proposed change and to ask that they share their views on this proposal with the CCG.

What has the CCG already done?

The CCG has already made some significant prioritisation decisions which have resulted in restrictions to procedures provided on the NHS. The CCG is ensuring that all referrals for treatment adhere strictly to clinical thresholds and/or that they meet

agreed clinical criteria. This is to ensure that all services are delivered equitably across the CCG's area.

We have also introduced a prior approval process for clinical procedures where there is evidence to show that they have limited benefit to patients. The prior approval process includes procedures such as: cosmetic surgery, laser treatment for skin conditions, varicose veins, and benign skin lesions.

The CCG now has some more difficult decisions to make about the prioritisation of funds for 2017 and beyond.

The Proposal

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

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.

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

GP and clinical leaders have come to the difficult conclusion that when looking at the prioritisation of funds, specialist fertility treatments 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 this treatment at the current time compared with all other NHS treatments and 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.**

Specialist fertility services, or IVF as these services are more commonly known, only became available on the NHS in this area in September 2005. 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. At the present time patients may

receive one cycle of IVF if they are aged between the ages of 23 and 42 and meet all the necessary eligibility criteria. The criteria can be found at the following link www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations/ and is available on request from the CCG. Contact details can be found at the bottom of page 8.

Approximately 200 people accessed IVF services in 2015/16. Although this is a small number of patients the CCG is aware that this proposal would have a significant impact on those affected by this proposed 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 and amended in 2016. The CCG commissions the following treatments, as appropriate, for couples who meet evidence-based eligibility criteria. Currently:

- one cycle of IVF, with or without Intracytoplasmic Sperm Injection (ICSI). (Intracytoplasmic Sperm Injection follows on from egg collection and involves injecting a single sperm into the centre of each mature egg, to help fertilisation to occur);
- surgical sperm removal;
- up to six cycles of donor sperm insemination with Intrauterine Insemination (IUI). IUI is a form of assisted conception treatment involving the injection of prepared sperm into the womb at the time of ovulation;
- treatment using egg donation;
- egg, sperm, or embryo cryopreservation for men and women undergoing cancer treatment which is likely to cause infertility; and
- ICSI with or without sperm washing for men who have a chronic viral infection (primarily HIV) and whose female partner does not.

The current policy is specifically for those couples who are registered at a GP practice in the CCG's area and do not have a living child from their current, or any previous, relationship(s) prior to starting NHS-funded treatment, regardless of whether or not the child resides with them. This includes any adopted child from their current or previous relationships.

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 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; and
- management of ejaculatory failure.

The care pathway for fertility services can be found on our website at: www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations/ or by contacting the CCG. Contact details can be found at the bottom of page 8.

Services for 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.

Whatever decision is made, this proposal will be reviewed at the end of this funding formula period in April 2019.

What is the cost of specialist fertility services to the CCG?

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 would be approximately £700,000.

The Proposal

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

Exceptions to the proposal

Under the proposal, specialist fertility services would 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; and
- 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 condition such as HIV to the woman and therefore, potentially, her unborn baby.

The proposed new policy would still allow for patients to be referred from their GP to their local hospital for investigation into their infertility. However, once a patient had completed these investigations, the proposed policy would no longer allow for

patients requiring IVF treatments then to be referred from the local hospital to the specialist fertility services for treatments funded by the NHS, apart from the exceptions set out above.

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. If the Governing Body agree to the proposed new policy, it would apply to new referrals from secondary care to tertiary care made from the date of the Governing Body decision.

Individual Funding Request process

Should this proposal be accepted it is important to note that the Individual Funding Request (IFR) process will remain unaffected.

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 at www.cambridgeshireandpeterboroughccg.nhs.uk/your-health-and-services/your-treatment/individual-patient-funding/ or by contacting the CCG. The contact details can be found at the bottom of page 8.

How to tell us your views

You can give your views in a number of ways:

- Fill in the questionnaire on our website:
www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations
- Fill in the paper copy of the questionnaire found on page 13 of this consultation document and send it to: 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 Communications and Engagement Team on 01223 725304.
- Attend one of the public meetings detailed below and tell us what you think:

Date	Venue	Time
Thursday 11 May 2017	The Boat House Business Centre, 1 Harbour Square, Wisbech PE13 3BH	6pm – 7pm
Monday 15 May 2017	The Fleet, Fleet Way, Peterborough PE2 8DL	2pm – 3pm
Monday 15 May 2017	The Fleet, Fleet Way, Peterborough PE2 8DL	6pm – 7pm
Monday 22 May 2017	Central Library, Lion Yard, 7 Lion Yard, Cambridge CB2 3QD	12.30pm – 1.30pm
Thursday 25 May 2017	The Maltings, Ship Lane, Ely CB7 4BB	6pm – 7pm
Wednesday 7 June 2017	The Meadows Community Centre, 1 St Catharine's Rd, Cambridge CB4 3XJ	6pm – 7pm
Thursday 8 June 2017	Huntingdon Library, Princes Street, Huntingdon, PE29 3PA	6pm – 7pm

* Please note that we are unable to provide refreshments at meetings

We will also attend other meetings organised by groups who are interested in these proposed changes. If you would like us to attend your meeting please contact us on the number below.

Meetings may be subject to change, so please do check our website at www.cambridgeshireandpeterboroughccg.nhs.uk or contact the Communications and Engagement Team:

- Phone: 01223 725304
- Email: capccg.contact@nhs.net

Why we consult

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 www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/

The questionnaire

1. Do you understand why the CCG has proposed to stop the routine commissioning of any specialist fertility services other than two specified exceptions as described below?

Exceptions to the proposal

Under the proposal, specialist fertility services would no longer be commissioned except for the following two exceptions listed below:

- i. 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; and
- ii. 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 condition such as HIV to the woman and therefore, potentially, her unborn baby.

Yes, I understand ceasing specialist fertility services would save approximately £700,000 per annum, investigations would still be available and there would be two exceptions as outlined above.

No, I do not understand

I need more information

Comments

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

Exceptions to the proposal

Under the proposal, specialist fertility services would no longer be commissioned except for the following two exceptions listed below:

- i. 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; and
- ii. 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 condition such as HIV to the woman and therefore, potentially, her unborn baby.

Yes, I agree

No, I do not agree

Undecided

Comments

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

Exceptions to the proposal

Under the proposal, specialist fertility services would no longer be commissioned except for the following two exceptions listed below:

- i. 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; and
- ii. 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 condition such as HIV to the woman and therefore, potentially, her unborn baby.

Yes, I agree with the two exceptions

No, I do not agree with the two exceptions

Undecided

Comment

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

A large, empty rounded rectangular box with a thin black border, intended for providing comments. The box is centered on the page and occupies most of the vertical space below the question.

The closing date for receipt of responses to this consultation is 5pm on 12 June 2017.

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

By email: capccg.contact@nhs.net

The closing date for receipt of responses to this consultation is 5pm on 12 June 2017.

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.

The closing date for receipt of responses to this consultation is 5pm on 12 June 2017.