

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 6
<b>4 SEPTEMBER 2017</b>	<b>PUBLIC REPORT</b>

Report of: Jessica Bawden	Director of Corporate Services Cambridgeshire and Peterborough Clinical Commissioning Group	
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**END OF CONSULTATION REPORT FOR THE CONSULTATION ON PROPOSED CHANGES TO THE FUTURE PROVISION OF SPECIALIST FERTILITY TREATMENT IN THE CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP AREA**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Cambridgeshire and Peterborough Clinical Commissioning Group	<b>Deadline date:</b> N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ul style="list-style-type: none"> <li>Notes and comments on the end of consultation report for the consultation on proposed changes to the future provision of specialist fertility treatments in the Cambridgeshire and Peterborough Clinical Commissioning Group area that will be presented to the CCG Governing Body on 5 September for the CCG Governing Body to make a decision on these proposals.</li> <li></li> </ul>	

**1. ORIGIN OF REPORT**

1.1 On 17 March 2017, the CCG presented this consultation to the Committee. The Committee requested that the end of consultation report be presented to the Committee at the earliest opportunity.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 To inform the committee of the feedback and suggestions received from the public and other key Stakeholders to this consultation.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.
- 2.3 The end of consultation report will be made available publicly on 1 September 2017 when it will appear on the CCG website as part of the Governing Body papers for the meeting to be held in public on 5 September 2017. The full report and all the annexes will be circulated to the Committee as soon as the Governing Body papers are made public by the CCG.

**3. BACKGROUND AND KEY ISSUES**

3.1 In March 2017, the CCG reported to the Committee our proposals for a consultation on Specialist Fertility treatments.

GP and clinical leaders came to the difficult conclusion that when looking at the prioritisation of funds, specialist fertility treatments was an area that should be reviewed. The CCG has finite resources to fund a whole range of health services and treatments.

### **The Proposal**

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

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.

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 who 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).

**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.**

The CCG received a letter or response to the consultation from this committee which is reported in the end of consultation report.

Whatever decision is made around this proposal will be reviewed at the end of this funding formula period of three years.

#### **4. CONSULTATION**

4.1 The CCG conducted a 20-week consultation from 13 March 2017 to 31 July 2017. This 20-week consultation was to gather feedback on the proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough CCG area. Originally the consultation was planned to be 13 weeks long. This was to avoid the pre-consultation period for the local council elections, and to give enough time after these elections to hold public consultation meetings.

The consultation was then extended to 20 weeks ending on 31 July 2017 following the announcement of the General Election held on 8 June 2017. The original planned public consultation meetings during the election period were cancelled and rebooked for July 2017.

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 The CCG Governing Body will make a decision on these proposals on 5 September 2017, so no outcomes are known at this time.

##### **5.2 Financial Implications**

If these proposals are adopted the saving to the CCG will be approximately £700,000 per annum.

##### **5.3 Legal Implications**

Legal advice has been sought by the CCG.

The consultation document was drawn up in accordance with the following requirements and guidance:

- Cabinet Office Consultation Principles July 2012
- Section 14Z2 National Health Service Act 2006
- Criteria for Significant Service Change
- Cambridgeshire and Peterborough Clinical Commissioning Group's Constitution and Communications and Engagement Strategy

##### **5.4 Equalities Implications**

Cessation of NHS funding for Assisted Conception will affect all childless couples equally, regardless of race, gender, or sexual orientation. A full equality impact assessment has been completed along with a suite of impact assessments. These will be updated to consider feedback received during the consultation and will be reported to the CCG with the end of consultation report on 5 September 2017.

#### **6. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

6.1 None

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