

CCG REPORT COVER SHEET

Meeting Title	Governing Body	Date: 5 September 2017
Report Title:	End of consultation report on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commissioning Group area	Agenda Item: 4.1
Lead Director	Sue Watkinson, Director of Transformation and Delivery, Primary and Planned Care	
Report Author	Sue Watkinson , Director of Transformation and Delivery, Primary and Planned Care	
Document status:	Final	

Report Summary	This paper is to inform Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Governing Body of the responses to the consultation on proposed changes to the future provision of specialist fertility treatment in the Cambridgeshire and Peterborough Clinical Commissioning Group and how concerns, questions, and suggestions can be addressed.							
Report Purpose	For Information		For Approval		To Note		For Decision	X

Recommendation	The Governing Body is asked to approve the proposals outlined in the consultation but, in doing so, to review and consider all the comments and feedback from the public, updated impact assessments, and the consultation process when making the decisions outlined below.
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Link to Strategic Aims	Strategic Aim 1 – Clinical Commissioning	X
	Strategic Aim 2 – Patient Quality and Safety	X
	Strategic Aim 3 – Finance	X
	Strategic Aim 4 – Change Management and Transformation	X
	Strategic Aim 5 – Contracts Management and Performance	X
	Strategic Aim 6 – Organisational Development and Workforce	
	Strategic Aim 7 – Governance	X
CCG Assurance Framework & Risk Register (CAF) References	CC2 – failure to engage with member practices and wider stakeholders. CMT1 - risk to the delivery of the QIPP Plan 2017/18.	
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	
	IAF 2 Domain 2 - Better Care	
	IAF 3 Domain 3 - Sustainability	X
	IAF 4 Domain 4 - Leadership	X
Resource implications	Financial: The projected cost reduction of the proposed cessation of specialist fertility services is approximately £700,000 per year.	

Legal implications including equality and diversity assessment	Governance:	The normal CCG policy development process has been followed in proposing that specialist fertility services should no longer be a priority for funding.
	Equality and Diversity:	The proposed cessation of NHS funding for specialist fertility services will affect all childless couples equally,

	<p>regardless of race, gender, or sexual orientation.</p> <p>Impact assessments: These have been updated to take into account the responses received, are attached to this report.</p> <p>Legal: Legal advice has been sought.</p>
Conflicts of Interest	None reported

Report history	<p>A report was made to the Governing Body on 21 February 2017 to seek approval for the public consultation process and documentation. The public consultation ran from 13 March 2017 to 31 July 2017 (the consultation was extended due to the General Election in June 2017).</p> <p>This report was prepared to give the feedback, concerns, and suggestions raised during this 20-week consultation.</p> <p>The full suite of Impact Assessments that are attached to this report as appendices have also been updated to reflect feedback received during this consultation process.</p>
Next steps	Following the Governing Body's discussion, the Communications and Engagement Team will communicate any decision to stakeholders via stakeholder news and the wider public via the CCG website.

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 4.1 SECTION: STRATEGY

DATE: 5 SEPTEMBER 2017

**TITLE: END OF CONSULTATION REPORT ON PROPOSED CHANGES TO
THE FUTURE PROVISION OF SPECIALIST FERTILITY
TREATMENT IN THE CAMBRIDGESHIRE AND PETERBOROUGH
CLINICAL COMMISSIONING GROUP AREA**

**FROM: SUE WATKINSON
DIRECTOR OF TRANSFORMATION AND DELIVERY, PRIMARY
AND PLANNED CARE**

1 ISSUE

1.1 The CCG currently commissions specialist fertility treatments via the East of England Fertility Consortia. Each member CCG of the group applies its own eligibility criteria and the number of treatment cycles it is able to commission. This paper sets out the feedback, concerns, and suggestions raised by the public and stakeholders as part of the consultation on proposals to stop routinely commissioning any specialist fertility services other than for two specified exceptions.

1.2 The two specified exceptions are:

- 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. The specialist fertility treatment that will still be available for people who may be having treatment that can cause infertility is for those patients to have their eggs or sperm frozen, not access to IVF once the treatment is complete
- 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.

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.**

2 KEY POINTS

The Governing Body is asked to consider the feedback received in Annex 1 and the subsequent recommendations.

A total of 1311 responses were received during the consultation; this number includes emails, letters, and telephone calls as well as completed surveys. The CCG also received a petition with 2278 signatures as detailed in Annex 1.

The table below shows the responses to the survey questions with the percentage of respondents in agreement and disagreement. The total number of completed survey responses, in paper or online, was 1245.

Survey question				
Do you understand why the CCG has proposed to stop the routine commissioning of any specialist fertility services other than two specified exceptions?	Yes, I understand	No, I do not understand	I need more information	Number of comments
	82.78% (798)	14.73% (142)	2.49% (24)	226
Do you agree with the proposal to stop the routine commissioning of specialist fertility services other than two specified exceptions?	Yes, I agree	No, I do not agree	Undecided	Number of comments
	16.36% (159)	82.00% (797)	1.65% (16)	365
Do you agree that the two exceptions proposed, as described below in this consultation document are appropriate?	Yes, I agree	No, I do not agree	Undecided	Number of comments
	26.84% (259)	64.56% (623)	8.60% (83)	348

(Some of the numbers used in this table do not add up to 100% because they are rounded to two decimal places.)

The full responses from organisations, as well as summaries of the themes and issues raised by respondents to this consultation, are included in full in Annex 1.

3 RECOMMENDATION

The Governing Body is asked to approve the proposals outlined in this consultation. In doing so, the Governing Body is asked to review and consider all of the comments and feedback from the public, updated impact assessments at Annex 1 appendix D, and the consultation process when making the following decisions:

- To suspend, until April 2019, routinely commissioning any specialist fertility services other than for two specified exceptions which are:
 - 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. The specialist fertility treatment that will still be available for people who may be having treatment that can cause infertility is for those patients to have their eggs or sperm frozen, not access to IVF once the treatment is complete
 - 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.

- Agree that all 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.
- Agree to review the proposal, irrespective of the Governing Body's decision, at the end of the funding formula period in April 2019. The review of the provision of specialist fertility services (IVF) will be made in April 2019, if necessary, and will include an assessment of the CCG's financial position, including the impact of the withdrawal of the service on multiple birth levels and any impact experienced by mental health services.

In response to the feedback to the consultation, it is also recommended that the CCG:

- Monitors through the contract, where contractually possible, multiple births via first round of IVF that have taken place abroad and any associated complications.
- Recommends that the CCG writes to providers to ask them to monitor the following wherever possible
 - Any significant increase in multiple births from IVF patients
 - Any significant increase in mental health referrals from patients who are unable to receive IVF treatment as a direct result of the decision to cease funding this service
- Reviews the decision with recommendations to the Governing Body at the end of the funding formula period in April 2019.

4 BACKGROUND INFORMATION

Annex 1 – End of consultation report

5 IMPACT ASSESSMENT

Please see attached annex 1 appendix D:

Appendix D1	Equality Impact Assessment
Appendix D2	Health Inequality Impact Assessment
Appendix D3	Health Impact Assessment
Appendix D4	Sustainability Impact Assessment
Appendix D5	Quality Impact Assessment

6 CONCLUSION

As part of discussions about the CCG's financial challenges, 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 views of the public are of paramount importance and need to be considered whilst making decisions around the recommendations outlined in this report.

Author **Sue Watkinson**
Director of Transformation and Delivery, Primary and Planned Care

Annex 1 End of consultation report