
Proposed changes to NHS funded IVF provision

- Consultation Response -

This response is based on evidence from National Institute for Health and Care Excellence (NICE) clinical guidelines, our observations from attending four consultation meetings, Healthwatch Cambridgeshire and Peterborough's knowledge of the local health economy and through listening to the views of people on this matter.

The consultation process

We are pleased that there was a significantly longer consultation period than required. However, some misunderstandings were caused by the postponement of the consultation meetings, due to a General Election being called. We accept that this was the correct procedure and beyond the CCG's control, however it may have contributed to the very low attendance at the re-arranged meetings.

It is not clear in the consultation papers which diseases and conditions are included in: 'a disease or a condition requiring medical or surgical treatment, that has a significant likelihood of making them infertile'. This lack of clarity in the consultation has meant that local people have been unable to comment on this key point and that the Governing Body decision will not take into account those views.

Feedback has been received that people did not find the questionnaire easy to complete. Some local people expressed frustration that the questions in the consultation did not match the dilemma for the CCG. This consultation mixes issues about clinical effectiveness and affordability of one part of a clinical pathway to support fertility problems vs shortage of money to pay for all CCG funded services in the Cambridgeshire and Peterborough areas.

Healthwatch regrets that this consultation was not part of a broader public discussion about the values underpinning cost-cutting. Consideration of this service area is not to our knowledge mentioned in the Sustainability and Transformation Plan nor its associated workstreams, which have at least attempted to raise the profile of the financial, service quality and access gaps in the public consciousness. People will be concerned about what treatment or service is considered for cuts next, and what the rationale for this choice of treatment or service is.

We are disappointed that a health economic analysis was not included in the consultation document, nor is there any indication that prioritisation or ethical frameworks are being used to inform decision-making.

An important distinction between reducing what is known to be a cost-effective treatment, and the cost of delivering that service to local people effectively

NICE guidance states that in instances where IVF is clinically considered as the best treatment, three cycles is most cost-effective. In 2016 Cambridgeshire and Peterborough CCG reduced the available cycles from three to one. We understand that the local success rate for one cycle is relatively high. This appears to be a good outcome for the limited intervention compared to other parts of the country. The cost per cycle in our CCG area is £5-7,500*. In other CCG areas we understand it can be much lower. This suggests there is scope to review the commissioning of services locally to achieve greater efficiencies. It is our view that these efficiencies should be given priority over reducing choice and access to a clinical intervention which is proven to be cost effective both locally and nationally. By reducing from the current policy of one cycle to none, the service is essentially deleted to local people.

Expectations about the use of NICE guidance

We note that the existing policy of one cycle already takes away from clinicians their ability to follow NICE guidance for clinically suitable patients. By specifying zero cycles, this further constricts the treatment options for patients and the ability of clinicians to consider effective use of health service resources alongside evidence of clinical effectiveness, which is considered a professional duty.

The NHS Constitution enshrines the rights of patients to have access to NICE approved treatments. Whilst the CCG could reasonably defend a planned process of service improvement over time, to fully comply with NICE guidelines, a further reduction in the number of cycles may be hard to defend. In the light of this point, it is welcomed that the CCG propose to review the decision in 2019, should it press through with the proposed changes at this point.

There is lack of clarity in the consultation document regarding what might constitute a case for exceptional funding. It is our understanding that the impact of infertility on someone's mental health could be seen as an exception by some doctors. It is possible that a range of exceptions could be argued in this complex area of treatment and care, to the point where the proposed new more restrictive policy may lose its credibility. Transparency about the exceptions process is important and it would need careful consultation and construction to avoid inconsistent effects and an inequitable service.

Impact on local people

The impact of the proposed change will primarily impact upon people on lower incomes, as people with greater income will be able to pursue private treatment.

The numbers of people accessing private IVF treatment varies considerably across the country. Healthwatch asked the CCG to look into these statistics to understand the extent of public reliance on NHS services in this locality, and thereby better appreciate the economic impacts. The economic impacts and other considerations should be analysed thoroughly in the equality impact assessment.

It is accepted that this policy change will affect small numbers of people, however the impact on those people will be significant. For example, during the consultation meetings we heard from people who had been through fertility treatment. We also heard that infertile couples are more likely to experience depression.

Removing access to NHS funded IVF will make it more likely that people will go abroad for treatment. Less guidance and regulation of treatments abroad means that multiple births are far more likely. Multiple births have cost implications for the NHS, especially where newborn children need extra support.

We welcome the CCG's expressed intention to contact other CCGs to look at the impact on people's mental health and increases in multiple births since ending IVF in order to understand associated costs.

Summary

Whilst understanding the CCG's need to make very large savings to its overall budget, we have observed that this consultation in isolation of a more systematic discussion on cost savings has been confusing to some people.

It is worrying that these proposals place further local policy restrictions on clinicians' ability to refer and provide a cost-effective treatment that is in line with current national guidance.

It appears that removing NHS funded IVF may not save the money calculated because of the potential offset by increased multiple births and demand for mental health services. There may be cheaper ways of delivering it rather than cutting IVF completely.

Finally, we stress the inequitable impact of this policy change on the basis of people's ability to pay. We suggest that more information is gathered about who may be most affected by these changes and how they can be supported.

We ask that all the factors above are considered as far as possible in making the current decision. If the decision is taken to remove NHS funded IVF we ask that the growing base of information on the impacts of this policy are used to inform the review in 2019.

**Sandie Smith
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Healthwatch Cambridgeshire and Peterborough
31 July 2017**

*Figure quoted by Tracey Dowling at Fertility Services public meeting in Cambridge on 20 July 2017