

IVF Consultation Decision  
Report for the  
Overview and Scrutiny Committee  
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## 1. Introduction

The local NHS has been very successful in treating more conditions and in helping people to live longer. Additional funding has been made available to the NHS, but new treatments, growing levels of long-term conditions and increasing expectations mean that we now have to re-prioritise how our precious NHS resources are deployed. As the health needs of our population change, we need to review how best to allocate the considerable resources available to us, so that maximum health benefits can be achieved overall.

As commissioners, NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) and Newark and Sherwood CCG, we plan and buy health care services for our local population. We have a legal duty to live within our means and we need to save around £38 million this year in order to be able to meet increased population requirements for health care as people live longer with more illnesses and new treatments come on line. This is likely to increase over the next few years. We need to ensure that there is enough money to maintain high quality and safe services. The overall annual budget for the CCGs is £470m.

## 2. Background

During September 2016 we asked the public to help us prioritise services for funding. IVF was one of the services that had a low priority from the public.

We have asked the people of Mansfield, Ashfield, Newark and Sherwood to consider our proposals about eligibility for IVF on the NHS. The consultation ran for eight weeks from 14th November 2016 to 13th January 2017.

The population of mid Nottinghamshire is approximately 320,000 people. 204 NHS funded IVF procedures were carried out in the last two years 2014-2016 at an average cost of £600,000 over the two year period.

## 3. Results

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| • The response rate to the consultation is equivalent to 0.1% of a population of 320,000 people |
| • Number of questionnaires returned was 424   |
| • Number of paper consultation questionnaires completed was 167                                 |
| • Number of online questionnaires completed was 216   |
| • Number of paper void returns was 4  |
| • Number of incomplete online returns was 37  |
| • Average age of respondents was 26-35 yrs. old   |
| • Gender of respondents was 75% female  |

### RESULTS

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| • Reduce the female age from 42 to 40 years old. 47% agree 53% disagree                                      |
| • Develop an age limit for men. 56% agree 44% disagree   |
| • Stop offering IVF on the NHS. 25% agree 74% disagree   |
| • Continue to fund 1 cycle of IVF for a very limited number of exceptional situations 43% agree 56% disagree |

## 4. Decision

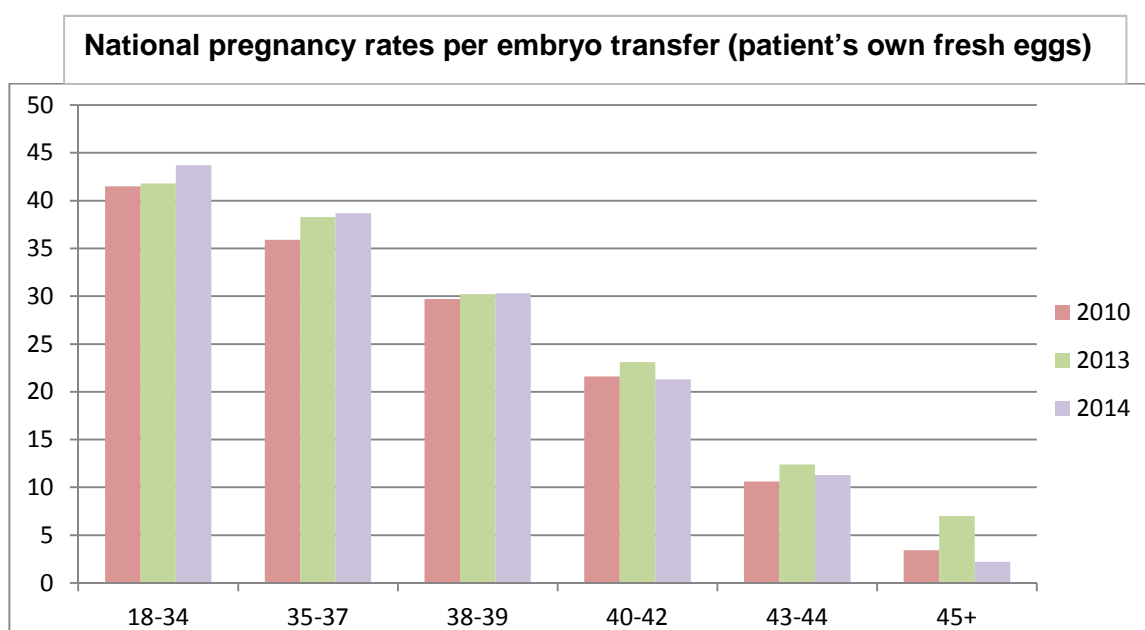
CCGs are required to base consultation decisions on the best balance of clinical evidence and evidence gained through public consultation.

We have listened to the public and have analysed the results of the IVF consultation. There was overall support (3/4 respondents) for the NHS to continue to provide IVF services. Around ½ respondents agreed that there should be further restrictions on IVF eligibility in the current funding environment. In taking our decision, we believe we have reached a compromise that allows us to continue to provide the service, yet still maintain our responsibilities to commission safe and effective care in Mansfield, and Ashfield, and Newark and Sherwood under very challenging financial circumstances.

When we analysed the results in detail, we took due regard of the feedback. We were aware that there is a range of views, varying from a belief that the NHS should not fund fertility treatment to a view that more money should be spent in this area. On balance, we felt that there was insufficient support to discontinue IVF funding. We also examined feedback in relation to the options for further restrictions to funding. One option was to only fund IVF in exceptional circumstances. The consultation feedback did not indicate a specific view about how this could be applied. The CCGs have concerns that, in the absence of this, it would be very difficult to apply a fair and equitable process to determine exceptional cases for IVF. All potential applicants would have infertility problems and it would be difficult to prioritise certain causes of infertility in an equitable manner.

The CCGs therefore considered fair ways in which restrictions could be applied. A key concern of the CCGs is that resources are targeted to the treatments that are most likely to have a successful outcome (i.e. that are clinically and cost effective). There is a clear link between the mother's age and the chances of a successful pregnancy in nature and following IVF. This therefore seemed a fairer way of applying further restrictions and achieving a balance between the needs of people who need fertility treatment and those who need to call on NHS funds for other treatments. The father's age also impacts on the success of IVF. Around ½ people supported a restriction on the father's age and this will also be introduced.

The clinical and cost-effectiveness, of IVF falls rapidly as age increases and female fertility declines.



From 1<sup>st</sup> April 2017, age restrictions will be applied to fertility treatment in addition to existing policy restrictions. Eligible women will be aged 25-34 (inclusive) and up to 40 for men. People who are already undergoing IVF treatment will be able to continue this in line with the existing policy, but the new limits will apply to new referrals. We are working with the providers to ensure that an appropriate transition can take place.

We do recognise the impact that our decision will have on local people but we have to balance the needs of our whole population and ensure that there is enough money to maintain high quality and safe services. The provision of IVF services is currently variable across the country. Upper age limits for mothers vary between 35-42. Some areas have upper age limits for fathers, often around 55. Less than 20% of CCGs meet the NICE guidelines (3 cycles). Some CCGs offer no cycles and many offer 1 cycle. Many CCGs are considering their funding criteria in line with the financial position of the NHS.

We will review the situation in one year. We realise that this is not an ideal situation and we will reconsider our decision as part of our detailed planning for 2018/19.

## **5. Next Steps**

Frequently asked questions have been developed for clinicians. A poster relating to the changes is being developed for patients. We will analyse complaints to assess the impact these changes have made to patients. We will collect data this year and assess the impact these changes have made on the financial situation. We will ensure lines of communication are open and transparent and we will assist partner CCGs if they decide to conduct the same consultation, sharing lessons learnt. We will review the decision made in a year.