

## Health Scrutiny Committee

**Thursday, 16 March 2017 at 14:00**

**County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 23 January 2017  | 3 - 8   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | In-Vitro Fertilisation - Variation of Service  | 9 - 24  |
| 5 | Paediatric Admissions at Bassetlaw Hospital and Maternity Services<br>- Issues of Clarification  | 25 - 28 |
| 6 | Work Programme   | 29 - 34 |

### **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of

Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Alison Fawley (Tel. 0115 993 2534) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## Membership

### Councillors

Collen Harwood  
John Allin  
Kate Foale  
Bruce Laughton  
David Martin  
John Ogle

### District Members

	Helen Hollis	Ashfield District Council
	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	Susan Shaw	Bassetlaw District Council

### Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Denise Nightingale	Bassetlaw CCG
David Purdue	Doncaster & Bassetlaw Hospitals
Jez Alcock	Healthwatch Nottinghamshire
Sally Dore	Mansfield & Ashfield CCG
Amanda Sullivan	Mansfield & Ashfield CCG
Richard Parker	Doncaster & Bassetlaw Hospitals
Jonathan Gribbin	Public Health
Sally Handley	Public Health

## **MINUTES**

The minutes of the last meeting held on 28 November 2016, having been circulated to all Members, were taken as read subject to the following amendments, and were signed by the Chair:

- End of Life Care – It was a struggle to get residential care homes to accept responsibility for where people wanted to die and that sending them to hospital was not always appropriate. It was suggested that a meeting should be held to discuss the issues with all parties.

- Community Pharmacies – There was no control over which pharmacies might close and there were no strategies or plans in place to deal with the impact of any such closures particularly for rural pharmacies.

## **APOLOGIES**

Apologies were received from Councillor Susan Shaw.

## **DECLARATIONS OF INTEREST**

None.

## **DONCASTER AND BASSETLAW HOSPITALS FINANCIAL POSITION UPDATE**

Richard Parker introduced a briefing to update Members on the Trusts financial position.

The work that had taken place since June 2016 was outlined including the 13 work streams that were part of the turnaround plan. Encouraging progress had been made and savings of £6.51m had been made up to the end of November against a target of £5.89m whilst maintaining and in some cases improving quality, safety and performance. The Trust may now qualify for the NHS Improvement Incentive scheme for Sustainability and Transformation funding.

During discussions the following points were raised:

- The £40m+ black hole was the result of non-delivery of cost improvement programmes over the previous two years and some revaluation of properties. The report from KPMG gave a more detailed explanation and was available on the Trust website. A new finance director had been appointed.
- The work streams in the Cost Improvement Plan had been set at the beginning of the year and had been based on what each contract was planned to do. The Trust had not set out to close wards. Closures had been due to safety reasons and patient safety. Staffing in paediatrics was a problem nationally and the bed plan was not just predicated on savings or costs. The in-year changes were a response to the staffing issues.
- Workforce issues were not just limited to paediatrics. Some wards were more difficult to staff depending on the specialty.
- Savings had been identified through a root and branch review of each service and 13 streams were identified. Each stream had a lead office and regular management meetings were held to ensure delivery was on track.
- There were still financial pressures on acute hospitals but the Trust aimed to get to a cost neutral position. The plan was to cut the deficit but not services. It was seen as an opportunity to transform services and to focus on how to improve services. The criteria used for identifying savings was explained and included a line by line review of budgets to ensure that they were appropriate and workforce transformation to identify areas of best practice for sharing across the Trust.
- There were concerns that financial cuts affected all hospitals and that there may come a point where patients and safety are compromised. It was suggested that a letter be sent to government expressing these concerns.

However some Members felt that the solution to the problem was to be innovative with the resources available to them.

- Members had visited the hospital previously and had seen first-hand examples of innovative working.

The Chair thanked Mr Parker for his briefing

### **PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL**

Denise Nightingale and David Purdue introduced a briefing to inform Members on the alteration to paediatric admissions at Bassetlaw Hospital.

The changes were being implemented on the grounds of safety due to significant medical and nursing workforce shortages, National guidance made it clear that acutely unwell children should be cared for in specialised units and by teams who have the necessary expertise and competence.

The proposed model was for a consultant led paediatric assessment unit which would be available from 8am to 10pm seven days per week. This should result in many of the children who stayed for less than one day would be managed within the assessment unit. Children who required overnight admission would be transferred to Doncaster Royal Infirmary (DRI) but the number was likely to be no more than three per week. This model of care was consistent with national guidance. Transfers to DRI or Sheffield Children's Hospital would be made by a specialist medically led team (EMBRACE).

A 'hot clinic' service would be provided seven days per week for children needing a clinical diagnosis but who were unlikely to need admission. The clinic would also see children who had been discharged from the Assessment Unit the previous day for a review if necessary.

The Assessment Unit and hot clinics would offer an improved service that met more closely the needs for the majority of children who attended Bassetlaw A&E and Children's Ward.

During discussions the following points were raised:

- The aim was to make services as local as possible and this proposal was for safety reasons. It was felt that a minimal number of children would be affected.
- A shuttle bus operated between the two sites for parents to use and in difficult circumstances a hospital taxi would be provided. Parents would be able to stay with their children at either hospital.
- The Assessment Unit would be located on ward A3 and significant capital investment had been made to facilitate the Unit and children's outpatient area.
- The Child Community Nursing Team would support children who had complex needs and their families.
- Recruitment and retention issues were discussed and the possible impact of the removal of the bursary and new revalidation programmes. The Chair was asked to raise workforce issues at the Joint Health Scrutiny Committee and to report back.

## **CONTRACEPTIVE AND SEXUAL HEALTH SERVICES**

Jonathan Gribbin and Sally Handley introduced a briefing and presentation which provided an update for members on Contraception and Sexual Health Services.

The local authority worked in partnership to protect and improve the health and wellbeing of people in Nottinghamshire and to reduce health inequalities and that there was a statutory responsibility to do this.

Nottinghamshire's Integrated Sexual Health Services had been launched in April 2016 and positive feedback had been received about access to services, availability of same gender staff and a non-judgemental approach.

Work was ongoing with partners to ensure consistency in recording of data and in particular in using System One. There was concern that the data did not seem to reflect some of the issues in particular areas. Mr Gribbin explained that contractors have to monitor ongoing need in localities but sometimes people preferred keep their anonymity and visit a clinic outside of their immediate locality. However services were open to all residents irrespective of age.

Contractors were also required to provide assurances of services and quality against a number of performance outcomes. It was difficult to make comparisons with data from previous years as it related to former arrangements but work was ongoing to analyse the current data.

Providers were also required to ensure that vulnerable groups had access to information in various formats as not everyone had internet access. Mr Gribbin felt that hospitals were skilled in signposting to services and in providing information in various languages. Mr Gribbin said he would discuss the issues for homeless people with the mid Nottinghamshire provider and report back.

The Chair thanked Mr Gribbin and Ms Handley for their update.

## **IN-VITRO FERTILISATION – VARIATION OF SERVICE**

Dr Amanda Sullivan and Sally Dore introduced a briefing which provided an interim update for Members on the outcomes of the consultation.

Dr Sullivan provided a recap on the reasons for the consultation. She outlined the stakeholders who had been consulted with and options that were proposed. A total of 424 responses had been received and were being analysed. A final report would be presented to the governing body in February 2017 for implementation in April 2017. Dr Sullivan agreed to circulate the report as soon as it was available and if Members had concerns a special meeting would be called.

Dr Sullivan confirmed that the consultation had been available on social media.

The Chair agreed to provide a comment on the consultation process for inclusion within the consultation document.

The Chair thanked Dr Sullivan and Sally Dore for their update.

## **WORK PROGRAMME**

The work programme was discussed. It was agreed that the Health Inequalities item scheduled for March should be deferred to a later meeting.

The meeting closed at 4.30 pm

## **CHAIRMAN**





**16 March 2017****Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****IN-VITRO FERTILISATION – VARIATION OF SERVICE****Purpose of the Report**

1. To allow consideration by the Health Scrutiny Committee of the consultation results and decision making in relation to variations in the In-Vitro Fertilisation (IVF) Service commissioned by Mansfield & Ashfield and Newark & Sherwood CCG.

**Information and Advice**

2. Members will recall having previously received some initial briefing on potential changes to the IVF service and responses to the consultation. The Health Scrutiny Committee is now presented with the results of the consultation and the decision making made by the commissioners.
3. Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG and Newark and Sherwood CCG and Sally Dore Pathway Redesign Manager at NHS Arden & Greater East Midlands Commissioning Support Unit will attend this meeting to make a presentation on the outcomes of the consultation and the reasoning behind the decision making.
4. Health Scrutiny Committees have a particular role in examining how health service changes are consulted on and if the proposed changes are in the interests of the local health service. Members are invited to give their views on how this change was consulted on, and to determine if the proposed change is in the interests of the local health service.
5. If the Health Scrutiny Committee does not determine that the change is in the interests of the local health service, there will need to follow a period of engagement with the commissioners to seek to resolve the disagreement. The Health Scrutiny Committee may wish to recommend further consultation or variations to the proposal. When all attempts to resolve the matter are exhausted, and if the Health Scrutiny Committee still believes that the proposed change is not in the interests of the local health service the committee may refer the matter to the Secretary of State for Health. The power to refer resides with the Local Authority, not the Health Scrutiny Committee, therefore the decision is made at a full meeting of Nottinghamshire County Council.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the IVF treatment consultation and decision making
- 2) Determine if the proposed change is in the interests of the local health service
- 3) Schedule further consideration of these issues, as necessary

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

### **Background Papers**

Nil

### **Electoral Division(s) and Member(s) Affected**

All

**IVF  
(In-vitro fertilisation)  
Fertility Treatment**

**CONSULTATION  
DECISION**

**February 2017**

# Contents

<b>Summary</b>	<b>3</b>
<b>Consultation Decision</b>	<b>4</b>
<b>Scope of the Consultation</b>	<b>5</b>
<b>Options and Results</b>	<b>5</b>
<b>Appendix 1</b>	<b>6</b>
<i>Letter from Overview and Scrutiny Committee</i>	6
<b>Appendix 2</b>	<b>7</b>
<i>Questions for consideration</i>	7

## Summary

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.

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 (known as mid Nottinghamshire) 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.

- |   |
|---|
| • 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

- |  |
|--|
| • 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 |

We would like to thank the public for their participation in this consultation.

*A. Sullivan*

*Gavin Lunn*

*Thilan Bartholomue*

Dr Amanda Sullivan  
Chief Officer  
Mansfield and Ashfield CCG  
Newark and Sherwood CCG

Dr Gavin Lunn  
Clinical Chair  
Mansfield and Ashfield CCG

Dr Thilan Bartholomue  
Clinical Chair  
Newark and Sherwood CCG

## Consultation Decision

The decision taken on 16 February 2017 at the Joint Meeting of the CCGs' Governing Bodies is to continue the provision of IVF treatment but to limit the criteria for eligibility to women aged 25 to 34. This age range represents the best possible chance of a successful pregnancy with IVF. The CCGs have also decided to introduce an upper age limit of 40 for men. The decision was made taking into account public feedback from the consultation. Around one in four respondents supported stopping IVF and approximately half of people who responded supported further restrictions to IVF funding. The decision is based on the chances of a successful pregnancy within certain age groups. This has been a very difficult decision but balances the needs of people who need fertility treatment with other calls on NHS funding.

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.

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.

## Scope of the Consultation

The consultation ran for 8 weeks from 14 November 2016 to 13 January 2017. It was open to all people to complete with a focus on residents of Mansfield, Ashfield, Newark and Sherwood. People were able to attend public sessions, complete the survey via a paper document or complete the survey online. An easy read version was available. There were well established groups that were visited and encouraged to complete the survey. There were also opportunities for the general public to drop in at road shows. None of the surveys were received after the closing date of 13 January 2017.

## Options and Results

Option	Results	Top comments (mentioned 10 times or more)	Financial consideration
<b>1. Reduce the female age from 42 to 40 years old.</b>	47% (181) agree 53% (202) disagree  Percentage difference 6%	<ul style="list-style-type: none"> <li>Do not restrict the age for women, give it to a 'healthy' women aged 42</li> <li>40 or younger</li> <li>People may not know they need treatment until they are older</li> <li>less likely to work if older/risk of complications</li> </ul>	This would save an average of £15,000 a year
<b>2. Develop an age limit for men</b>	56% (213) agree 44%(168) disagree  Percentage difference 12%	<ul style="list-style-type: none"> <li>Same as Women</li> <li>Age 50</li> <li>No Limit</li> <li>Age 40</li> </ul>	Unable to calculate as we do not currently have an age limit or collect men's ages
<b>3. Stop offering IVF on the NHS</b>	25% (97) agree 74% (285) disagree  Percentage difference 49%	<ul style="list-style-type: none"> <li>Do not stop IVF</li> <li>Peoples last hope/chance</li> <li>Stop funding and use money for health care</li> <li>People can't afford to pay</li> <li>Give at least 1 cycle</li> <li>Stopping IVF may lead to more costs for mental health issues</li> </ul>	This would save an average of £300,000 per year
<b>4. Continue to fund 1 cycle of IVF for a very limited number of exceptional situations</b>	43% (166) agree 56% (215) disagree  Percentage difference 13%	<ul style="list-style-type: none"> <li>Continue to fund for everyone</li> <li>Everyone is exceptional</li> <li>Fund for medical problems/disease/genetic condition</li> </ul>	This would save an average of £240,000 per year

## Appendix 1

### *Letter from Overview and Scrutiny Committee*

This matter is being dealt with by:  
**Cllr Colleen Harwood**  
Reference: CH/MG/Health Scrutiny  
T 0115 977 5666  
E [cllr.colleen.harwood@nottscc.gov.uk](mailto:cllr.colleen.harwood@nottscc.gov.uk)  
W [nottinghamshire.gov.uk](http://nottinghamshire.gov.uk)



Dr Amanda Sullivan  
Chief Officer  
NHS Mansfield & Ashfield/Newark and Sherwood CCG  
Southwell Road West  
Rainworth  
Mansfield  
NG21 0HJ

27<sup>th</sup> January 2017

Dear Dr Sullivan,

#### **Re: IN-VITRO FERTILISATION - CHANGES TO SERVICES**

Further to your attendance at Nottinghamshire's Health Scrutiny Committee on 28 November 2016 and 23 January 2017, I would like to thank the Better Together Engagement Lead, Sally Dore, and yourself for describing how potential changes for eligibility for IVF treatment would be consulted on.

As you are aware, the Health Scrutiny Committee has determined that it is content with the arrangements for the consultation that you have set out. The committee would be extremely grateful if you could send an analysis of the results of the consultation as soon as it is available, accompanied by your preferred option for the future of this service (Please send information to the County Council's lead officer for Health Scrutiny (Martin Gately – [martin.gately@nottscc.gov.uk](mailto:martin.gately@nottscc.gov.uk)))

After this information has been provided, I will consult committee Members on how this change will be considered, bearing in mind that the next scheduled meeting of the committee is 27 March.

If you have any queries regarding this matter do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to be "Colleen Harwood".

Cllr Colleen Harwood,  
Chair of the Health Scrutiny Committee  
Nottinghamshire County Council

CC Sally Dore, Better Together Engagement Lead, Arden GEM



## Appendix 2

### Questions for consideration

**Question 1:** Please tell us whether you are: (please tick one box):

- ☐ Member of the general public living in Mansfield or Ashfield
- ☐ Member of the general public living in Newark or Sherwood
- ☐ An NHS provider
- ☐ A social care provider
- ☐ A private provider
- ☐ A representative from the voluntary sector
- ☐ Other (please specify)

.....

**Question 2:** Having read the information provided above please indicate your preference below. You may choose more than one option.

- ☐ *Reduce the female age from 42 to 40 years old.*

Comments

- ☐ *Develop an age limit for men*

Comments –What do you think the age limit should be?

- ☐ *Stop offering IVF on the NHS*

Comments

☐ *Continue to fund 1 cycle of IVF for a very limited number of exceptional situations*

Comments and any ideas to what exceptional situations should be?

Any other comments:

Please add extra sheets for comments if required.

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare. There are some guidance notes on the next page. **Responding to these questions is entirely voluntary and any information provided will remain anonymous.**

<b>What is your age?</b> please write in the box below		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> 18 or under <input type="checkbox"/> 19-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66 or over							
<b>What is your gender?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Male <input type="checkbox"/> Female							
<b>Do you/have you ever identified yourself as trans or transgender?</b> <input type="checkbox"/> Prefer not to state							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>What is your status?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Single <input type="checkbox"/> Married/Civil partnership <input type="checkbox"/> Widow(er) <input type="checkbox"/> With partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Dissolved							
<b>Have you received NHS funded IVF?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Have you received privately funded IVF?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Are you pregnant or have you had a baby in the last six months?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable							
<b>Have you any other children over 6 months old?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable							
<b>Which of the following best describes how you think of yourself?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Heterosexual (attracted to the opposite sex) <input type="checkbox"/> Bisexual (attracted to both sexes) <input type="checkbox"/> Lesbian/Gay (attracted to the same sex) <input type="checkbox"/> Other							
<b>Do you consider that you have a disability?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know							
<b>If yes, how would you describe your disability?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Sensory <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Other _____							
<b>Do you have a religion or belief?</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> No Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Judaism <input type="checkbox"/> Other Religion/Belief _____ <input type="checkbox"/> Hinduism <input type="checkbox"/> Sikhism							
<b>What is your first language?</b> please write in the box below		<input type="checkbox"/> Prefer not to state					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
<b>Please tell us your ethnic group</b>		<input type="checkbox"/> Prefer not to state					
<input type="checkbox"/> African <input type="checkbox"/> Arab <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/ Traveler <input type="checkbox"/> Other Please state.....		<input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Pakistani <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> White British					
<b>How satisfied are you with the way this consultation is being run?</b> <input type="checkbox"/> Prefer not to state							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Very satisfied</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Satisfied</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Neither satisfied or dissatisfied</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Very dissatisfied</td> </tr> </table>				<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neither satisfied or dissatisfied	<input type="checkbox"/> Very dissatisfied
<input type="checkbox"/> Very satisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Neither satisfied or dissatisfied	<input type="checkbox"/> Very dissatisfied				
Comments: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>							



IVF Consultation Decision  
Report for the  
Overview and Scrutiny Committee  
March 2017

**Dr Amanda Sullivan**  
Chief Officer  
Mansfield and Ashfield Clinical Commissioning Group  
Newark and Sherwood Clinical Commissioning Group

## 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.

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## 2. Background

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## 3. Results

- |   |
|---|
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| • Gender of respondents was 75% female  |

### RESULTS

- |  |
|--|
| • 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

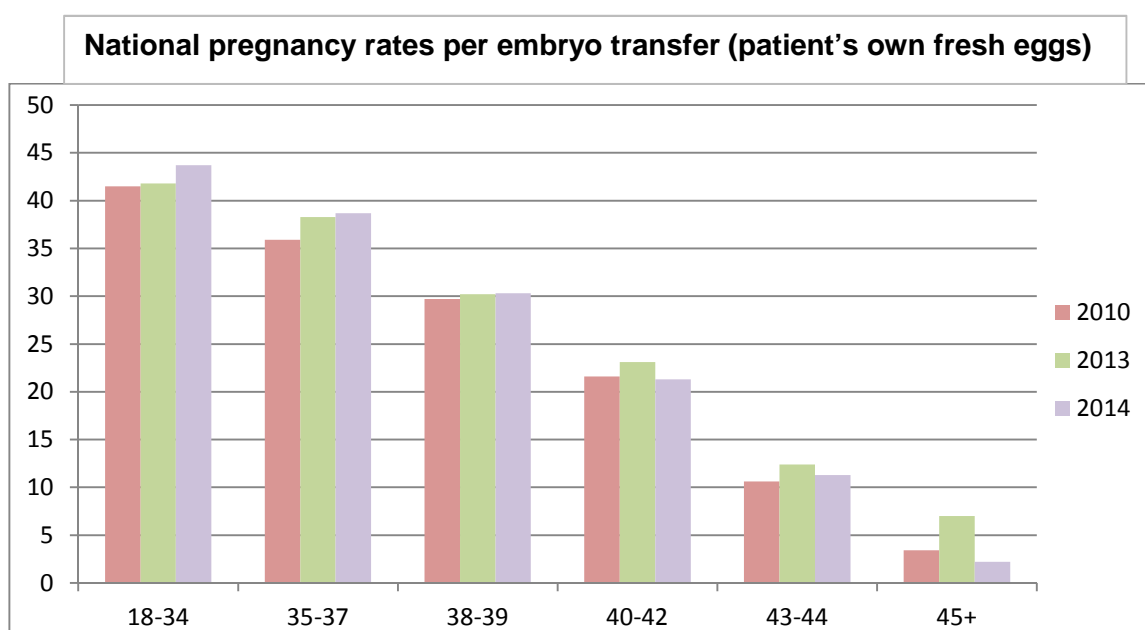
CCGs are required to base consultation decisions on the best balance of clinical evidence and evidence gained through public consultation.

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.



**16 March 2017****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL AND MATERNITY SERVICES – ISSUES OF CLARIFICATION****Purpose of the Report**

1. To introduce further briefing on the alteration to paediatric admissions at Bassetlaw Hospital with additional briefing on maternity services.

**Information and Advice**

2. Members will recall hearing at the last meeting of this committee that due to staffing shortages, the paediatric ward at Bassetlaw Hospital is now closed to admissions at 7:00 pm with the ward itself closing at 10:00 pm. This service only comprised six beds with 80% of patients discharged within 24 hours. The sorts of conditions treated in the unit are typically upper respiratory or long term conditions. It is not a facility for children who are very acutely unwell e.g. suffering from meningitis. The Trust has made strenuous efforts to address the issue of staff shortages, but now faces a shortages of nurses as well as one of doctors. It is anticipated that the ward will transition to be an assessment centre.
3. An update from the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on paediatric and maternity services is attached as an appendix to this report. Richard Parker, Acting Chief Executive, Doncaster and Bassetlaw Hospitals will attend the committee to answer questions accompanied by senior representatives of the commissioners.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Determine if further information is required, and schedule as necessary.

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All



## **Update on Paediatrics at Bassetlaw Hospital**

As OSC is aware, the Paediatric Ward at Bassetlaw Hospital, known as A3, closed to inpatient admissions from 30 January 2017. This was due to a national shortage of specialist paediatric medical and nursing staff.

These problems have affected services for a number of months and, despite best efforts to recruit, the vacancies have remained unfilled. There are currently six nursing vacancies out of a staffing complement of 12 with three vacancies on the junior doctor rota. We currently have the vacancies advertised and applications we have so far received are all from specialist nurses who are due to qualify in September.

Although the overnight service cannot be maintained, acute ward based paediatric assessments have been enhanced and are available from 8am to 10pm, seven days a week, creating a 'consultant-led Paediatric Assessment Unit'.

To improve the current daytime service, the Trust is maximising opening times and is providing special urgent Outpatient clinics with senior paediatricians to support children's care. These changes also ensure that medical support for children attending the Emergency Department is maintained so that children continue to attend the Emergency Department at Bassetlaw Hospital 24/7.

Children who do require transfer to DRI are transferred as soon as necessary. The CCG and Trust have commissioned a dedicated, and appropriately staffed, ambulance with journeys managed by the ED and Clinical Site teams.

The numbers of children who have been transferred since the changes are as follows:

- In the first week of the new service from 30 January – 6 February the Trust transferred 10 attending the Children's Assessment Unit and 12 who attended the Emergency Department
- From 6 – 13 February the Trust transferred 11 children attending the Children's Assessment Unit and two who attended the Emergency Department.
- From 13 – 20 February the Trust transferred three children attending the Children's Assessment Unit and seven who attended the Emergency Department. Two of the Children were transferred to Sheffield Children's Hospital because of clinical need.

As we anticipated the numbers of transfers are currently higher as the service is still new, and we anticipate that will begin to reduce and eventually stabilise. The feedback we have

received from parents and families affected by the change have been overwhelmingly positive, with no incidents to report as a result of transferring children.

Children with the clinical need have always been transferred to either Sheffield Children's Hospital or Doncaster Royal Infirmary, depending on their requirements, and in the last year 148 children were transferred from Bassetlaw when the unit remained open during the night.

The Trust has a small number of children who attend A3 on a regular basis and have stayed overnight if required. We have been working with these children, and their families, to ensure that there is a personal care plan (which includes details such as return transport for parents) in place for any future attendances.

As is understandable, in light of the publicity around service changes and the Sustainability and Transformation Plan, it is important to confirm that the Trust remains absolutely committed to Bassetlaw Hospital and is committed to maintaining paediatric services at Bassetlaw, as shown by the very recent investment of £278,000 to provide purpose-built children's outpatient facilities. The Trust and CCG will be actively engaged in any clinical service reviews and subsequent consultations undertaken as part of the STP programmes.

## **Maternity Services at Bassetlaw**

Earlier this month, a national newspaper published a leading item that asserted that 11 units were earmarked for closure as part of STP proposals, naming 'South Yorkshire and Bassetlaw' as 'reshaping' children's and maternity services due to lack of specialist staff.

Some local publications mistakenly interpreted from the piece that Bassetlaw specifically would be singled out for changes. I can confirm that the Trust remains committed to maintaining maternity services at Bassetlaw and will be actively engaged in any clinical service reviews and subsequent consultations.

It has also since been clarified by Will Cleary-Gray, Director of South Yorkshire and Bassetlaw STP that 'there are no plans to close maternity units in South Yorkshire and Bassetlaw'.

**16 March 2017****Agenda Item: 6**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

### **Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

### **Information and Advice**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

### **RECOMMENDATION**

- 1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.
- 2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

**Councillor Colleen Harwood**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2016/17

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>11 July 2016</b>				
Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust (with focus on Emergency Department and End of Life Care)	Scrutiny	Martin Gately	Ben Owens, Clinical Director, Urgent and Emergency Care, Paul Moore SFHT and Newark and Sherwood CCG
Doncaster and Bassetlaw Hospitals – Cancelled Emergency Operations and Financial Position	Examination of the current position in relation to cancelled emergency operations, as well as the Trust's financial position.	Scrutiny	Martin Gately	Mike Pinkerton, Chief Exce DBH Trust .
<b>26 September 2016 (Cancelled)</b>				
Sherwood Forest Hospitals Trust – Updates on Improvement	Examination of the latest position on improvements within the Trust with a focus on End of Life Care	Scrutiny	Martin Gately	TBC
<b>28 November 2016</b>				
Community Pharmacy Issues	To examine commissioning, regulation and complaints handling in relation to community pharmacies.	Scrutiny	Martin Gately	Joe Lunn, Head of Primary Care NHS, England TBC
Financial Challenges –	To examine the consultation on financial challenges run by Mansfield &	Scrutiny	Martin Gately	Amanda Sullivan

Mansfield and Ashfield/Newark and Sherwood Engagement	Ashfield/Newark & Sherwood CCG.			
Sherwood Forest Hospitals Update on Improvement	Examination of the latest position on improvements within the Trust with a focus on End of Life Care	Scrutiny	Martin Gately	TBC
<b>23 January 2017</b>				
Doncaster and Bassetlaw Hospitals – Financial Position Update	Further to the briefing in July 2015 from Mike Pinkerton, the committee will receive an update on the Trust's financial position.	Scrutiny	Martin Gately	Mike Pinkerton, Chief Executive of DBH Trust (TBC).
Paediatric Admissions at Bassetlaw Hospital	Briefing on the closure of Bassetlaw Paediatric Hospital to admissions after 7:00 pm due to staffing shortages and associated issues.	Scrutiny	Martin Gately	Denise Nightingale, Bassetlaw CCG & David Purdue, Bassetlaw Hospital
Contraceptive and Sexual Health Services	Update on Contraceptive and Sexual Health Services commissioned by the County Council	Scrutiny	Martin Gately	Jonathan Gribbin, Consultant in Public Health
IVF Variation of Service (2)	Second consideration of variation of service relating to In-Vitro Fertilisation.	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG
<b>16 March 2017</b>				
In Vitro Fertilisation – Variation of Service	Consideration of consultation results and decision making in relation to this substantial variation	Scrutiny	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood CCG and Sally Dore Engagement Lead Arden GEM
Paediatric	Further to attendance at the last meeting	Scrutiny	Martin	Idris Griffiths, Chief



Admissions at Bassetlaw Hospital and Maternity Services – Issues of Clarification	representatives of the trust and commissioners will provide clarification on issues that have arisen in relation to paediatric and maternity services		Gately	Officer Bassetlaw CCG Richard Parker, Chief Executive, Doncaster and Bassetlaw Hospitals
<b>27 March 2017</b>				
Discharge Issues	Examination of work to prevent unsafe discharge.	Scrutiny	Martin Gately	Dawn Atkinson, Head of Business Change and Implementation, Mansfield and Ashfield CCG
Improving IT Links between GP services and Hospitals	Examination of ongoing work	Scrutiny	Martin Gately	Dawn Atkinson, Head of Business Change and Implementation, Mansfield and Ashfield CCG
Sherwood Forest Hospitals Performance Update	Examination of the latest performance information (Including A&E, single front door and winter pressures)	Scrutiny	Martin Gately	Sherwood Forest Hospitals Trust (TBC)
Sherwood Forest Hospitals – Pharmacy Delay	Examination of pharmacy issues which cause delayed discharge	Scrutiny	Martin Gately	Sherwood Forest Hospitals (TBC)
<b>26 June 2017</b>				
Health Inequalities	Update on ongoing work to address health inequalities in the County TBC	Scrutiny	Martin Gately	Public Health NCC TBC
Community Pharmacy Issues Update (2)	Update on Community Pharmacy issues	Scrutiny	Martin Gately	Liz Gundel, Pharmacy Lead, NHS England

<b>24 July 2017</b>				
<b>To Be Scheduled</b>				
Obesity Services				

#### **Potential Topics for Scrutiny:**

Never Events

Health Inequalities

Substance Misuse

#### **Suggested Topics**

Improving IT links between GP services and Hospitals (CCGs) – Cllr Lohan

Unsafe Discharge/Assess Team/Discharge Team – Cllr Harwood & Cllr Lohan

Recruitment (especially GPs)

Rushcliffe CCG Pilots Update