

NHS

Mansfield and Ashfield Clinical Commissioning Group

IVF (In-vitro fertilisation) Fertility Treatment

CONSULTATION DECISION

February 2017

Contents

Summary	,
Consultation Decision	4
Scope of the Consultation	;
Options and Results	;
Appendix 1 Letter from Overview and Scrutiny Committee	
Appendix 2 Questions for consideration	

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 2014-1016 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. Suleina

Dr Amanda Sullivan Chief Officer Mansfield and Ashfield CCG Newark and Sherwood CCG Dr Gavin Lunn Clinical Chair Mansfield and Ashfield CCG Dr Thilan Bartholomuez 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	Financial
		10 times or more)	consideration
1. Reduce the female age from 42 to 40 years old.	47% (181) agree 53% (202) disagree Percentage difference 6%	 Do not restrict the age for women, give it to a 'healthy' women aged 42 40 or younger People may not know they need treatment until they are older less likely to work if older/risk of complications 	This would save an average of £15,000 a year
2. Develop an age limit for men	56% (213) agree 44%(168) disagree Percentage difference 12%	Same as WomenAge 50No LimitAge 40	Unable to calculate as we do not currently have an age limit or collect men's ages
3. Stop offering IVF on the NHS	25% (97) agree 74% (285) disagree Percentage difference 49%	 Do not stop IVF Peoples last hope/chance Stop funding and use money for health care People can't afford to pay Give at least 1 cycle Stopping IVF may lead to more costs for mental health issues 	This would save an average of £300,000 per year
4. Continue to fund 1 cycle of IVF for a very limited number of exceptional situations	43% (166) agree 56% (215) disagree Percentage difference 13%	 Continue to fund for everyone Everyone is exceptional Fund for medical problems/disease/genetic condition 	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
W nottinghamshire.gov.uk



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

27th January 2017

Dear Dr Sullivan,

Re: IN-VITRO FERTILISATION - CHANGES TO SERVICES

Further to your attendance at Nóttinghamshire'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)

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,

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

CC Sally Dore, Better Together Engagement Lead, Arden GEM

Nottinghamshire County Council, County Hall, West Bridgford, Nottingham NG2 7QP

Appendix 2

Questions for consideration

Ques	stion 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)	
	stion 2: Having read the information provided above please indicate your rence below. You may choose more than one option.	our
$\Box R$	educe the female age from 42 to 40 years old.	
	Develop an age limit for men	
Co	omments –What do you think the age limit should be?	
	Stop offering IVF on the NHS	
Со	mments	

Comments and any	deas to what exc	eptional situatio	ns 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.**

What is your age? please write in	the box below			□ Prefer not to state
□ 18 or under □ 19-25 □	26-35 🗆 36-45 🗆 46-55	5 🗆	56-65	
What is your gender?				 Prefer not to state
☐ Male	☐ Female			
	_ · oa.o			
Do you/have you ever identified y	yourself as trans or transgender?		Prefer not to state	
□ Yes	□ No			
What is your status?				□ Prefer not to state
	Manufad/Ohill made and his			
☐ Single ☐ Widow(er)	Married/Civil partnershipWith partner			
Separated	With partnerDivorced/Dissolved			
Separated	Divorced/Dissolved			
Have you received NHS funded I	VF?		Prefer not to state	
☐ Yes	□ No		T TOTOL TION TO OLUM	
Have you received privately fund				Prefer not to state
☐ Yes	□ No			Trefer not to state
Are you pregnant or have you ha			Prefer not to state	
Yes -	No 🗆	NOI	applicable	Desfer well to state
Have you any other children over				Prefer not to state
☐ Yes	□ No		Not applicable	
M/high of the following boot door	wikes how you think of yourself?		Drofor not to otato	
Which of the following best desc			Prefer not to state	Y
Heterosexual (attracted to the			Bisexual (attracted to both	n sexes)
 Lesbian/Gay (attracted to the statements) 	same sex)	Oth	er	
Do you consider that you have a	disability?			Prefer not to state
Yes	□ No		I don't know	Trefer flot to state
If yes, how would you describe y			T don't know	Prefer not to state
	-			Prefer flot to state
Sensory	Learning		Mental Health	
☐ Physical	Other			
Do you have a religion or belief?			Prefer not to state	
□ Buddhism	☐ Islam		No Religion	
☐ Christianity	☐ Judaism		Other Religion/Belief	
☐ Hinduism	Sikhism		Curer rengion/Bener	
What is your first language? plea	se write in the box below		Prefer not to state	
1				
Please tell us your ethnic group			Prefer not to state	
☐ African			Indian	
□ Arab			Irish	
□ Bangladeshi			Pakistani	
□ Caribbean			Polish	
□ Chinese			Russian	
☐ Gypsy/ Traveler			White British	
☐ Other				
Please state				
How satisfied are you with the way this consultation is being run? Prefer not to state				
☐ Very satisfied	☐ Satisfied		leither satisfied or	☐ Very dissatisfied
			atisfied	<u> </u>
Comments:	•	•		