

## **Health Overview and Scrutiny**

### **Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service is substantial**

#### **A brief outline of the proposal with reasons for the change**

##### **Commissioning Body and contact details:**

NHS Medway CCG is the responsible commissioner on behalf of the eight CCGs in Kent and Medway

NHS Medway CCG, Fifty Pembroke Court, Pembroke, Chatham Maritime, Gillingham, Chatham ME4 4EL

##### **Current/prospective Provider(s):**

BMI Chelsfield Park, Orpington  
CARE Fertility, Tunbridge Wells

##### **Outline of proposal with reasons:**

In line with many health economies across England, Kent and Medway CCGs are considering a range of difficult decisions to ensure that overall financial risks are minimized. CCGs have agreed to review the policies relating to Assistive Reproductive Therapies.

The review will focus on two aspects:

- Ensuring that the number of funded cycles is both affordable and reasonable. This may result in a reduction to the number of IVF cycles that are funded for eligible patients.
- Considering the funding of assisted conception treatments using donated genetic materials for all patient groups. A complainant highlighted that the current policy effectively excludes same sex couples access to NHS funded fertility treatment due to their requirement for donated materials.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it

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is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

A decision relating to the proposed changes would be taken following the review and public engagement, prior to formal ratification by individual CCGs.

According to the proposed timeline, this would likely be in August or September 2018.

**Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

- (i) Have patients and the public been involved in planning and developing the proposal?

At this juncture, the public have not been consulted on the proposals. The proposed review of ART services includes strong engagement with the public and with relevant patient groups, relating to the number of funded cycles of IVF.

In addition, whilst elements of the review relating to ART services using donated genetic material will be considered by the Kent and Medway Policy Review and Guideline Committee (PRGC), there will be engagement with stakeholders including patient groups such as Fertility Network UK and Stonewall as per the normal clinical policy review process.

- (ii) List the groups and stakeholders that have been consulted

Public engagement has yet to take place in relation to this proposal, however strong engagement with the public and stakeholders will form an essential part of the proposed review.

- (iii) Has there been engagement with Healthwatch?

Not at this stage, but Healthwatch Kent and Healthwatch Medway will be engaged throughout the process.

- (iv) What has been the outcome of the consultation?

N/A

(v) Weight given to patient, public and stakeholder views

Significant weight will be afforded to the feedback gained via the engagement process throughout the review.

## **Test 2 - Consistency with current and prospective need for patient choice**

Notwithstanding impacts on the current provider landscape, patient choice will not be negatively impacted as a result of the proposed review. For some patient groups, such as those requiring use of donated genetic material, there is the potential for eligibility for NHS funded provision that is currently not supported by the existing schedule of policies for ART services.

## **Test 3 - A clear clinical evidence base**

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?

For groups of patients requiring the use of donated genetic material, there is the potential for clinical outcomes to be delivered by future ART services, where services and outcomes are currently not funded.

- (ii) Will any groups be less well off?

For other groups of eligible patients, there is the potential for clinical outcomes of NHS funded services to be negatively impacted should CCGs conclude that a reduction in the number of funded cycles of IVF is appropriate following the review process.

The Human Fertilisation and Embryology Authority (HEFA) publishes success the following information on their website, relating to success rates for IVF:

*“The below percentages show the average chance of a birth after one, two, three and four cycles of IVF depending on your age. After four cycles, there are very small increases in the average chance of a birth across all ages. 85% of people have one or two cycles of IVF. Only 5% of people have more than three cycles.*

***Chances of a live birth – women under 40***

*One cycle – 32%*  
*Two cycles – 49%*  
*Three cycles – 58%*  
*Four cycles – 63%”*

As such, a reduction from two to one cycle of NHS-funded IVF services would reduce the likely chance of a birth from 49% to 32%. Further investigation of issues relating to this potential change will be reviewed by the Health Policy Support Unit (HPSU) throughout the review. Such issues will include the impact of additional stress that may be faced by eligible couples on knowing that there is only one NHS funded cycle of IVF available to them. These issues will be considered in the report that the HPSU provides to the Kent and Medway Policy Review and Guideline Committee.

(iii) Will the proposal contribute to achievement of national and local priorities/targets?

Depending on the outcome of the review, there is the potential for financial savings to be made by CCGs across Kent and Medway. In the wider context, this would support the achievement of local priorities and targets within the respective health economies across Kent as CCGs would be able to reinvest this funding into other priority areas of healthcare provision.

#### **Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety**

CCGs across Kent and Medway will be reviewing the schedule of policies for ART services as outlined on page one. This decision has been taken after discussion between Chief Operating Officers, and ratified by respective governance procedures.

It is not anticipated that patient safety will be negatively affected as a result of the proposed review. ART service providers commissioned by CCGs would be required to provide services that meet the high levels of quality and patient safety that are currently demanded by CCGs.

#### **Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

(a) The number of patients likely to be affected

There are currently approximately 500 patients accessing NHS funded ART services across Kent and Medway, per annum. Modelling of potential impact

on patient numbers identifies that the number of patients that would be eligible for services, should the number of NHS funded cycles of IVF reduce from two to one, would reduce to approximately 215. As such it is estimated that approximately 285 patients would be affected by proposals to reduce the number of NHS funded cycles of IVF to one.

Numbers of patients that would be affected as a result of the introduction of the use of donated genetic material is harder to estimate and would depend on the scope of such interventions that would be included in the future schedule of policies.

Should ART services using donated eggs and sperm for all patient groups be included within the future schedule of policies, this is likely to affect approximately 190 patients across Kent and Medway, per annum. Should the future policy be by use of donated sperm only for all patient groups, this is likely to affect approximately 160 patients per annum across Kent and Medway.

If the future schedule of policies were to include the use of eggs and sperm for same sex couples only, it is estimated that this would affect approximately 90 patients per annum across Kent and Medway. If the future schedule of policies makes provision for NHS funded treatment for same sex couples using donated sperm only, it is estimated that approximately 60 patients would be affected across Kent and Medway per annum.

(b) Will a service be withdrawn from any patients?

The potential reduction of NHS funded cycles of IVF would mean that in future those patients that are not successful in achieving a birth as a result of their first cycle of IVF would no longer be eligible for a second cycle of IVF funded by the NHS.

(c) Will new services be available to patients?

The potential inclusion of ART services using donated genetic material would mean that there would be patient groups that are not currently eligible for NHS funded services that would be able to access funded provision in the future.

(d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

The potential outcome of the review would not necessitate a change in the way that patients access NHS funded Assistive Reproductive Technology services.

### **Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Patient numbers outlined above are based on the current access rates of ART services across Kent and Medway. Given the relatively low numbers of eligible patients accessing NHS funded ART services, likely increases in the population of Kent and Medway would have a marginal impact on the numbers of patients that would be affected by the potential policy changes resulting from the outcome of the review.

The low number of patients accessing services would mean that there would not be a significant impact on patient flows and catchment areas. There are a number of patients accessing other ART services contained within the existing schedule of policies, such as Intra-uterine insemination (IUI) using partner sperm (for example patients who are unable to, or would find it very difficult to, have vaginal intercourse because of a clinically diagnosed physical disability or psychosexual problem), who would continue to access services with no change.

### **Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people?

A diversity impact assessment will be undertaken by the HPSU throughout the review. This will be presented to the Policy Review and Guidance Committee for consideration prior to a decision being taken.

In light of the proposed changes, it is anticipated that that there will not be a detrimental impact on any particular patient group, and there may be a positive impact for eligible patients who are in same sex relationships.

### **Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

- (a) Will the change generate a significant increase or decrease in demand for a service?

Commissioners do not wish to presuppose the outcome of the review process, which will have an impact on expenditure that is committed to ART

services.

Depending on the outcome of the review and the subsequent decisions that are made by CCGs, the proposals could provide financial savings or could increase the level of funding that CCGs commit to funding ART services.

- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)

The decision to review the number of cycles of NHS funded IVF treatment that eligible patients are offered is driven by financial implications. CCGs in Kent and Medway, as elsewhere in the country, are under significant financial pressures and difficult decisions relating to the relative prioritisation of health care interventions are required.

Elements of the review relating to the use of donated genetic material are not driven by financial implications, but instead are driven by issues relating to equity of access to NHS funded treatment for same sex couples.

- (c) What would be the impact of 'no change'?

The impact of 'no change', which is a potential outcome of the review process, would mean that NHS-funded ART services would be unaffected in the future. It would not provide any financial savings to CCGs and would mean that CCGs in Kent and Medway remain part of the 23% of CCGs offering two funded cycles of IVF treatment (with 63.4% offering zero or one funded cycle, and 13% offering three funded cycles). In addition, 'no change' would not address issues relating to equity of access to NHS funded Assistive Reproductive Technology services for same sex couples.

### **Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

Regardless of the outcome of the policy review process, It is not envisaged that additional infrastructure would be required to support future services, or that there would be implications relating to transport for patients.

**Is there any other information you feel the Committee should consider?**

No

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

NHS Medway CCG does not consider the proposed changes to the schedule of policies for Assistive Reproductive Technology services to be a substantial variation in health services.