

# Assistive Reproductive Technology services – policy review

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## 1. Background

In order to achieve financial sustainability, CCGs are considering whether to reduce the number of cycles of IVF that are funded for eligible couples, as a part of a number of difficult decisions. A review of the current policy relating to vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) has been proposed across Kent and Medway, to determine the best course of action.

NICE Clinical Guideline 156 ([CG156](#)) *Fertility problems* (2013) recommends the NHS fund up to three full<sup>1</sup> IVF cycles. Across Kent and Medway CCGs, there is currently a single schedule of policies relating to Assistive Reproductive Technology services; this schedule of policies provides entitlement of two cycles of IVF for eligible patients. These cycles are not deemed to be ‘full’ cycles as outlined within NICE guidance, but instead entitle a patient to two cycles consisting of one fresh IVF and one frozen embryo transfer per cycle

This paper provides a progress update, information relating to the appetite for the policy review across Kent and Medway CCGs, and the costs associated with the potential policy changes arising as a result of the review.

## 2. Proposed policy changes and financial implications

### 2.1 Number of IVF cycles for eligible patient

The potential future policy that is being considered would be a maximum of one fresh IVF cycle and one frozen embryo transfer cycle.

This may be considered locally as one ‘full’ IVF cycle and would represent a maximum of two embryo transfers. As above, it does not comply with the NICE definition of ‘full’ cycles. Of all CCGs in England, 61% currently fund one cycle of IVF treatment.

It is anticipated that reducing the number of funded IVF cycles from two to one will provide a financial saving of approximately £650k - £680k per annum across Kent and Medway.

The breakdown of this potential saving is identified below:

CCG	Approximate level of saving
Ashford	-£43,600
C4G	-£79,100
DGS	-£95,800

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<sup>1</sup> NICE define a full cycle of IVF as one episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryos i.e. a fresh cycle and an undefined number of subsequent frozen cycles.

Medway	-£97,800
SKC	-£46,300
Swale	-£40,700
Thanet	-£27,500
West Kent	-£235,100

## 2.2 Inclusion of the use of donated genetic material

Assisted conception treatments (ACT; i.e. Intra Uterine Insemination (IUI) and IVF) using donated genetic materials (eggs, sperm or embryos) and involving surrogates are not currently funded for any patient groups in Kent and Medway.

CCGs have received complaints from same sex couples who are not able to access assisted conception treatments under the terms of the current policy. As the lead commissioner for ART services, NHS Medway CCG believes that the policy review should also consider whether the use of donated genetic material should be introduced into the schedule of policies for ART. NHS Medway CCG is of the view that a policy change is required in this area to ensure that the CCG is meeting its obligations in relation to areas of law such as the Equality Act 2010.

It is proposed that this element of the review is not considered alongside any public consultation that would be required during the review of the number of IVF cycles. This area contains complex clinical, equality, legal and ethical issues, and will be led by the NEL CSU Health Policy Support Unit. Consideration of issues relating to the use of donated genetic materials will be undertaken by the Policy Recommendation and Guidance Committee (PRGC), and the Health Policy Reference Group (HPRG). The PRGC will be discussing this item on 4<sup>th</sup> October and making recommendations to the HPRG thereafter.

The potential costs associated with the policy change to include the use of donated genetic materials would depend on the exact nature of the policy change. There are different options relating to the policy change in this area; these, and their respective estimated costs, are outlined appendix one. This is an extract from the full report, written by the Health Policy Support Unit, that will be considered as a part of the review process.

The estimated cost impact of funding ACT using donor sperm is £501,500 per year across Kent and Medway. The equivalent estimated cost of funding ACT using donor oocytes is £179,800 as detailed in Appendix 1.

## 3. Current position of each CCG relating to the policy review of number of IVF cycles

There is currently a single set of policies for Assistive Reproductive Technology Services that apply to all patients throughout Kent and Medway. NHS Medway CCG is the lead commissioner for ART services.

### 3.1 North and West Kent CCGs

Following discussions at CCG Governing Bodies, CCGs in North and West Kent have previously agreed to proceed to pre consultation engagement phase. NHS Medway CCG has completed this stage of work, Swale and Dartford, Gravesham and Swanley CCGs have previously undertaken work in this area and have commenced further engagement work in this area via a small number of public engagement events. West Kent CCG have planned their pre consultation engagement, which will commence shortly.

### 3.2 East Kent CCGs

East Kent CCGs have advised NHS Medway CCG that they do not wish to progress with the review relating to a reduction in IVF cycles that eligible patients can access.

The position across Kent is summarised in the table below:

CCG	GB agreement to undertake review?	Pre-consultation engagement work commenced?	Pre-consultation engagement work concluded?
Ashford	No	No	No
C4G	No	No	No
DGS	Yes	Yes	No
Medway	Yes	Yes	Yes
SKC	No	No	No
Swale	Yes	Yes	No
Thanet	No	No	No
West Kent	Yes	No	No

### 3.3 Issues arising as a result

The impact of the decisions that has been made by East Kent CCGs is potentially significant. The feedback gained from Medway's pre consultation engagement contains references to a 'postcode lottery' and the desire of patients to avoid such a position. Should the consultation and review proceed in North and West Kent but not in CCGs in East Kent, and the decision be made that a reduction in provision of NHS funded IVF cycles is appropriate in North and West Kent, there will need to be two separate sets of policies across Kent.

Areas of consideration should include:

- The potential for reputational damage throughout Kent, but mostly in relation to CCGs in the North and West of the county.
- The implications of such a split across Kent would have to be worked through with NHS England as a part of the assurance process.
- The impact on the forthcoming procurement for ART services, which is set to take place following the outcome of any policy review. The procurement will need to be structured in such a way that the two different sets of policies are able to be accommodated.

## 4. Risk analysis

Risks associated with the policy review are outlined below:

RISK NO	DESCRIPTION of RISK (There is a risk that...)	RAISER	Consequence/IMPACT (Which will cause....)	RISK OWNER	ORIGINAL SCORE (Consequence x Likelihood)	CURRENT LIKELIHOOD Rare (1) Unlikely (2) Possible (3) Likely (4) Almost Certain (5)	CURRENT CONSEQUENCE Negligible (1) Minor (2) Moderate (3) Major (4) Catastrophic (5)	CURRENT SCORE (Consequence x Likelihood)	Progress on action including date updated Action taken to reduce the impact and/or probability of becoming an issue (mitigation)
1	CCGs are legally challenged should the decision be made to continue the review and reduce the number of cycles of IVF that are funded for eligible patients	Michael Griffiths	A legal challenge would require significant CCG resource to work through, and potential additional legal costs.	Stuart Jeffery	12	3	4	12	CCG Governing Bodies to take this risk into consideration
2	Potential of different levels of IVF funding across Kent and Medway	Michael Griffiths	Reputational risk across CCGs relating to a lower level of provision for couples seeking IVF services.	Stuart Jeffery	10	5	2	10	This risk is dependent upon the decisions that are taken by CCG Governing Bodies relation to the progressions of the review. Effective communication to members of the public will be required.
3	Not proceeding with policy review causes a financial risk to CCGs	Michael Griffiths	Potential financial savings, a key driver for the potential policy review, are not made, and the CCGs are required to find additional financial savings elsewhere	CCG COOs	5	5	1	5	The level of financial pressure on CCGs will be small. This risk is not avoidable should the review of IVF policies not take place.
4	Risk to timeline	Michael Griffiths	The potential for different policies across Kent and Medway is a barrier to the NHSE assurance process, thus requiring further work up of plans and extension of the review timeline	Stuart Jeffery	9	3	3	9	Early discussions with NHSE in relation to this work and the respective decisions of CCGs across Kent and Medway would help to mitigate this risk.

## 5. Next Steps

Medway, Dartford Gravesham and Swanley, Swale and West Kent CCGs are planning on progressing with the proposed policy review relating to the number of IVF cycles, and will undertake a formal public consultation as a part of this process.

As lead commissioner for ART services, NHS Medway CCG believes that the financial benefits of considering a reduction of IVF cycles should be subject to formal consultation with members of the public, and that consideration should be given to the use of donated genetic materials.

Issues relating to the use of donated genetic materials will be considered by the PRGC on the 4<sup>th</sup> October and the HPRG thereafter. The outcome of these meetings will determine any future policy changes in this area; these changes will be included in future ART policies across Kent.