



**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group



Reducing provision of IVF treatment from
three cycles to one.

A report on the public consultation

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A report on the public consultation

Background

At the meeting of the Integrated Commissioning Board (ICB) in February 2018 the board proposed to reduce provision of IVF from three cycles to one subject to public consultation. Clinical Commissioning Groups have a duty under the 2006 and 2012 acts to engage with the public and patients:

- In the planning of the commissioning arrangements by the group,
- In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them,
- In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The proposal to limit IVF provision is clearly covered by this duty.

Before making a decision the ICB considered the following:

- How many people in Heywood, Middleton and Rochdale access IVF services?
 - We do not know the exact number of patients who access IVF treatment services or the specific number of IVF cycles each patient receives as part of their treatment. This is because the CCG follows strict rules surrounding the use of patient data and we do not hold information that allows us to identify individuals who receive treatment.
 - We are able to record information on the number of funded IVF cycles. We know that over the course of the last two financial years (2016/17 and 2017/18), the CCG funded a total of 659 cycles of IVF.
- How much does the CCG currently spend on IVF treatment?
 - Over the past two years, the CCG has spent an average of £423,000 per year on IVF treatments for Heywood, Middleton and Rochdale patients.

- How successful is IVF treatment?

The success rate of IVF depends on a number of different factors.

- The overall chance of a live birth following IVF treatment falls with rising female age. Between 2014 and 2016, the percentage of IVF treatments nationally that resulted in live birth were as follows:
 - 29% for women under 35
 - 23% for women aged 35 to 37
 - 15% for women aged 38 to 39
 - 9% for women aged 40 to 42
 - 3% for women aged 43 to 44
 - 2% for women aged over 44
- National guidance does not currently recommend that women over the age of 42 receive IVF treatment as the chances of a successful pregnancy are considered to be too low.
- The guidance also states that the overall chance of a live birth falls as the number of completed IVF cycles that are unsuccessful increases.

The ICB Proposal

The CCG has a duty to secure the best investment for the funds that we have been allocated to provide high quality care for local people.

We have considered a number of different consultation options regarding the future of funded IVF cycles for patients in Heywood, Middleton and Rochdale.

Consultation Options

Option	IVF Cycle Offer	Potential annual cost saving (based on 17/18 spending)
A	Current policy (3 funded cycles of IVF)	No saving
B	Offer 2 funded cycles of IVF	£98,000
C	Offer 1 funded cycle of IVF	£259,000
D	Offer 0 funded cycles of IVF	£429,113

The CCG's preferred option for future IVF funding is Option C (Offer 1 funded cycle of IVF). This would bring our local IVF policy in line with the majority of other CCGs in England.

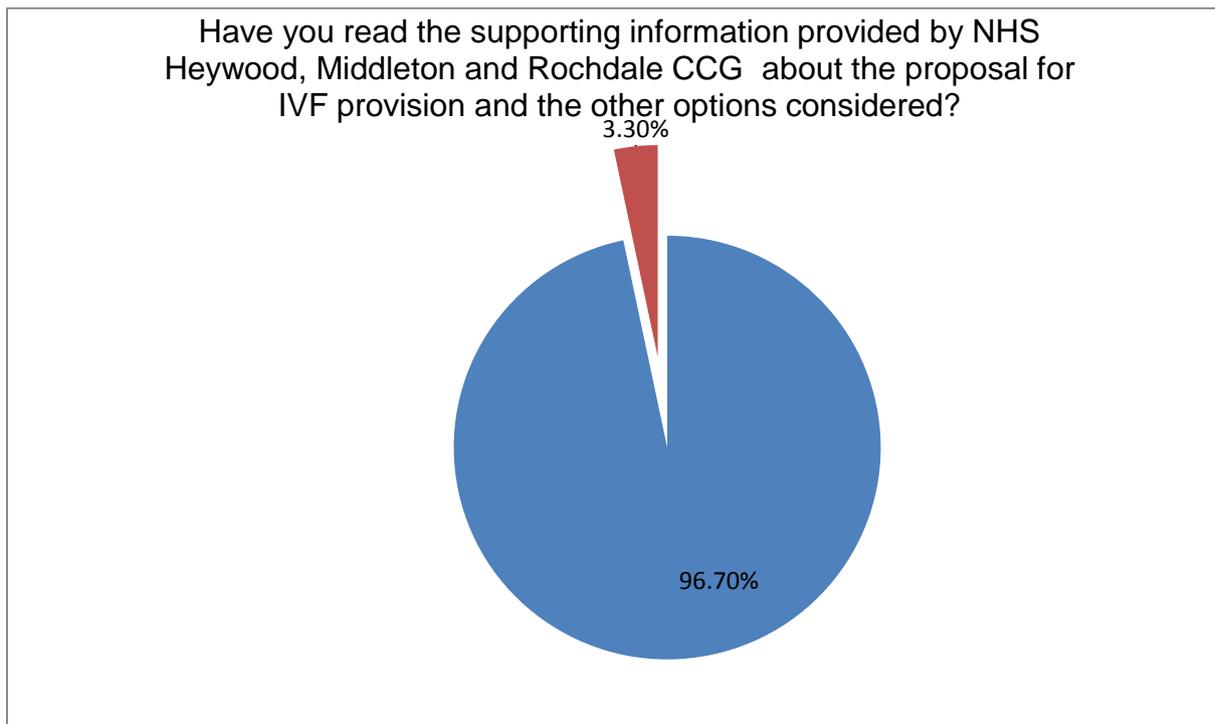
All other aspects of the IVF policy eligibility criteria will remain the same.

The survey

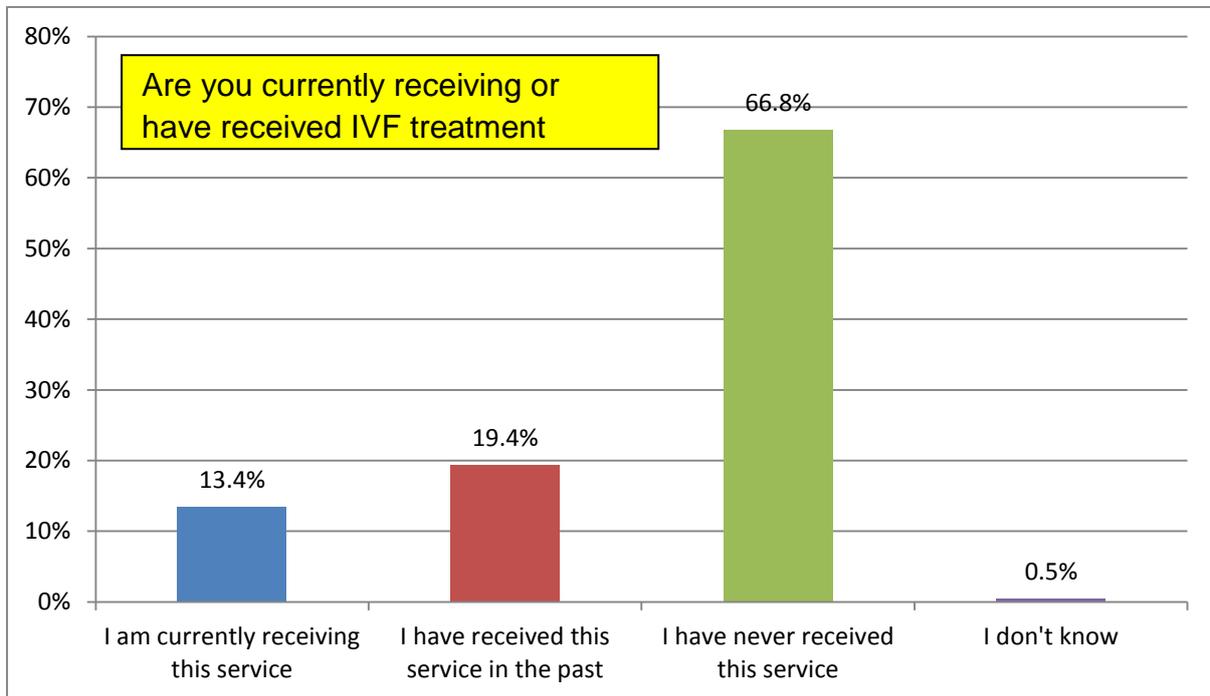
The consultation lasted for 6 weeks in the form of a survey using the Survey Monkey platform. To ensure those who could not access the internet had the opportunity to take part the public / patients were given the option to e mail or phone HMR CCG to receive the survey in an alternative format.

A copy of the survey is attached in appendix 1.

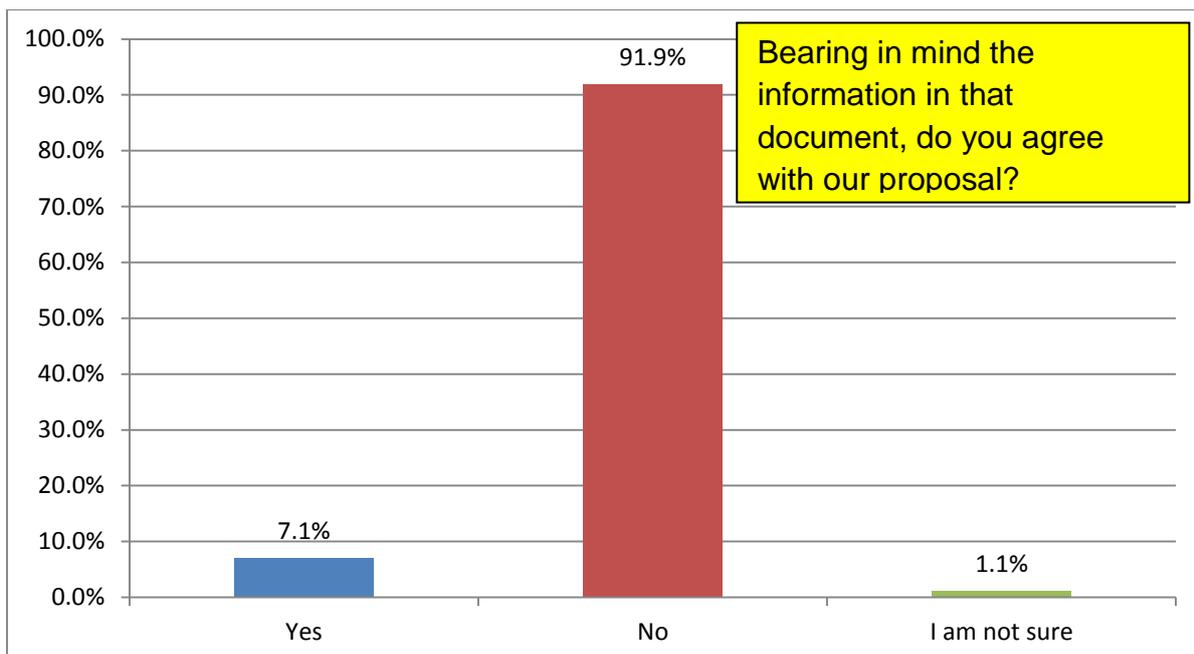
The first question in the survey asked if respondents had read the supporting documentation to the proposal to reduce the number of cycles of IVF; 96.7% said they had. (Base 369)



Question 2 asked respondents if they were in receipt of IVF treatment or had been treated previously; 13.4% said they were currently receiving the treatment and 19.4% had received it in the past. (Base 367).



The principal question in the survey, question 3, asked respondents if they agreed with the proposal to reduce IVF provision to one cycle. The majority of respondents, 91.9%, were against the proposal. (Base 369)



Respondents were given the option to comment on the proposal in more detail, 239 respondents chose to do so. Given that around 92% of respondents were against the proposal comments reflected this.

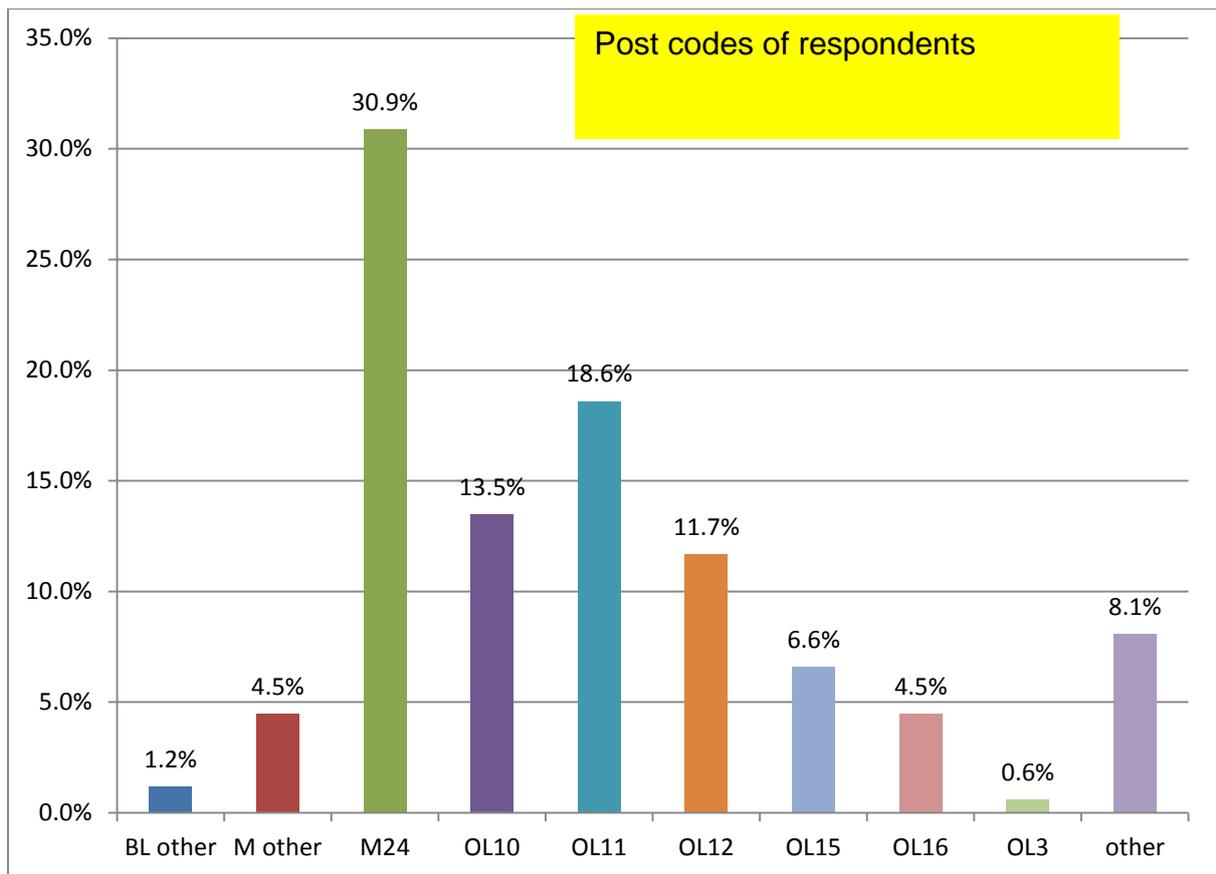
The key issues raised in the comments were:

- Everyone had the right to bear a child and reducing the number of cycles was counter to this.
- Subfertility is not a lifestyle choice or self-inflicted and should be viewed as a medical condition
- Three cycles provide a better chance of pregnancy than just one cycle
- Given the relative deprivation of the borough of Rochdale many people would not be able to pay for fertility treatment if they could not access it through the NHS
- Have the consequences of reducing IVF provision been properly considered, what about the deterioration in mental health that may be a result of not being able to bear a child
- The proposal is about cost cutting and has not been made for justifiable medical reasons
- Everyone should have the right to 3 cycle to achieve pregnancy
- NICE guidelines recommend 3 cycles

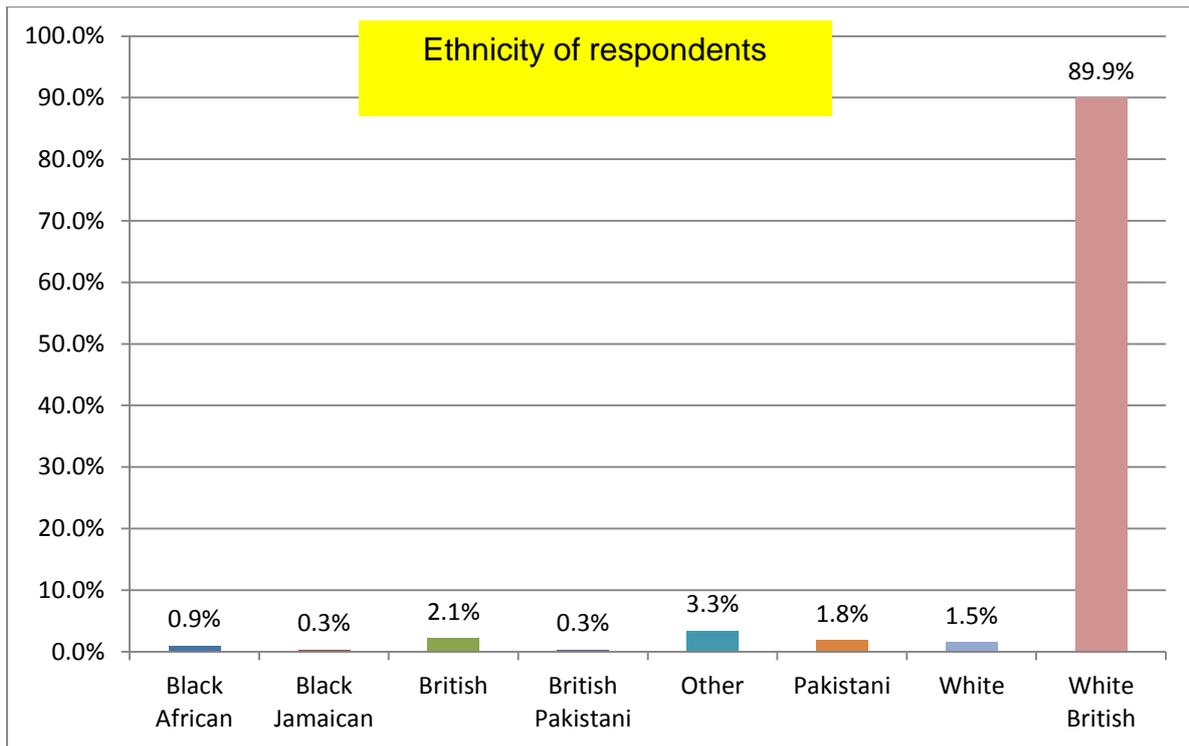
The second bank of questions in the survey were about the respondents themselves.

Respondents were asked if they were registered with a GP practice in the HMR area, 76.4% said they were. (Base 348).

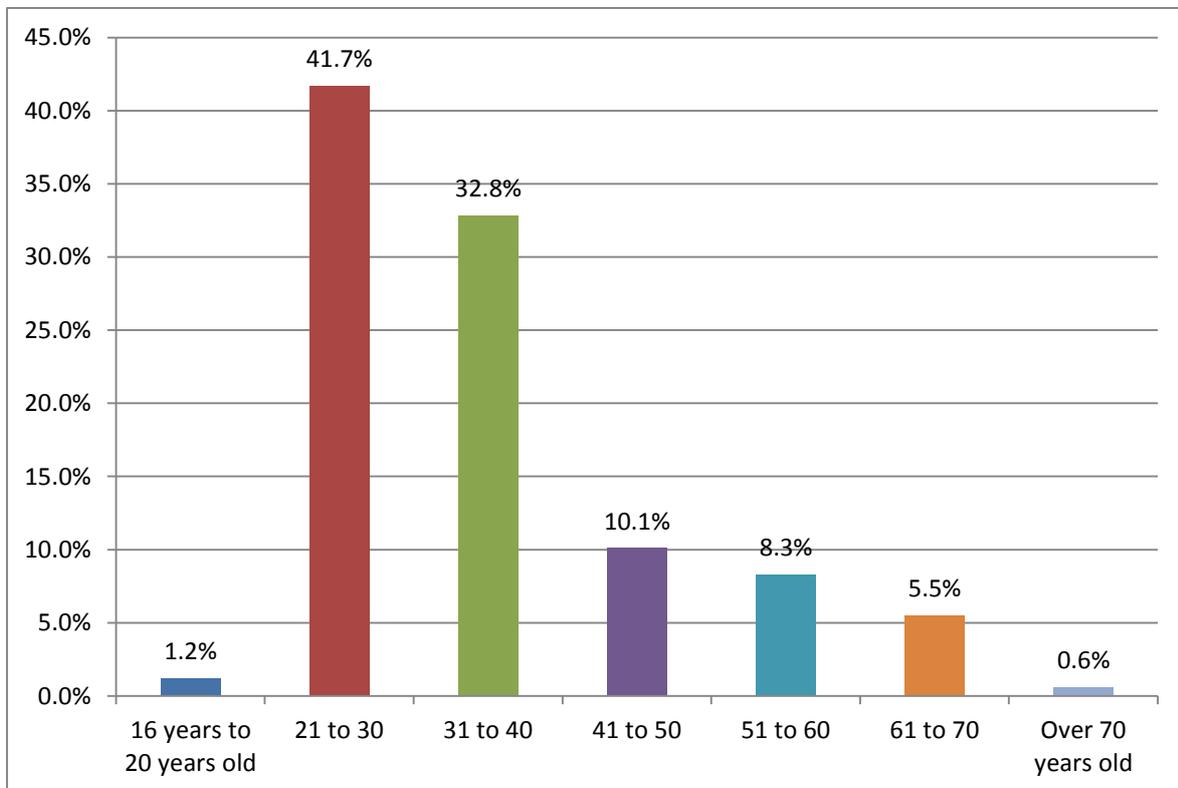
Respondents were then asked to give the first part of their post code to illustrate the concentration of respondents in different areas. The largest cohort of respondents was from the M24 post code, (30.9%) followed by OL11 (18.6%) and OL10 (13.5%) (Base 334). The chart below shows the full breakdown.



Respondents were asked to state the ethnic background with which they identified. This was an open question to allow respondents to enter the ethnicity they were comfortable with and was coded later. 89.9% of respondents stated their ethnicity was White British, the next largest cohort was British at 2.1% and Pakistani at 1.8%. The chart below shows the full range. (Base 335)



Respondents were asked to match their age to a series of 10 year age bands. The chart below shows the breakdown.



As can be seen 74.5% of respondents were aged between 21 and 40. This is unusual for a survey where respondents generally tend to be older however given the subject of this consultation a higher representation from younger age groups is to be expected. (Base 348)

In terms of gender 84.8% of respondents were female, and 19.9% male. (Base 348) Once more given the subject of the consultation a high proportion of female respondents would be expected. 97.1% of respondents stated they were heterosexual. (Base 347)

Respondents were asked about long term illness and disability. 7.2% of respondents said they had a physical condition that affected their daily life, and 3.7% a mental condition. 4.3% considered themselves to be disabled. (Base 348)

Finally respondents were asked about informal or formal caring responsibilities. 4.3% of respondents said they did care for someone with a physical or mental health condition. (Base 348)

Conclusions.

There are several points to consider from this report:

- Over 90% of respondents disagreed with the proposal to reduce the number of cycles of IVF treatment. The majority of the 239 supporting comments supported this view, some with impassioned arguments. An alternative proposal was suggested by one respondent - "I appreciate that because of government underfunding, savings have to be sought in this area. However, having read the information regarding the decreasing success rate of IVF with age, I would like to suggest that instead of reducing the number of IVF treatments to one across all age brackets, it would make more sense to reduce the number to two for the under 35 to 37 age group, one for the 38 to 42 and remove the treatment for the over 42 years old, as the success rate is so low."
- There were some anomalies in the survey returns:
 - An unusually large number of respondents came from the M24 post code, nearly twice as many as the next most popular post code
 - Certain IP addresses had been used a number of times. The IP address is like the digital signature of a machine and can identify how many times a particular machine has been used for responses. In one case the same IP address was used 38 times. This could indicate that one person was trying to unfairly influence the outcome of the survey or that the machine used had public access such as at a library and was being used by those without their own access. (though the times of usage suggest otherwise)

- The demographic breakdown of respondents was unusual. The high number of younger respondents and female respondents was unusual but could be linked to the subject of the survey. There were an unusually large number of respondents from the M24 post code.

Appendix 1 – the survey

Consultation on a proposal to review the way IVF provision in the borough of Rochdale

We, NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (NHS HMR CCG) are seeking views from patients registered with a GP practice in the borough of Rochdale, HMR health care professionals and other local interested parties on proposals to review our current policy in relation to commissioning In Vitro Fertilisation (IVF) services.

To capture your views and feedback before any decision is made, a period of public consultation will run for 6 weeks from 3/12/2018.

If you would like this document in another format, please contact us on 01706 652151 or e mail phil.burton@nhs.net.

1. Have you read the supporting information provided by NHS Heywood, Middleton and Rochdale CCG about the proposal for IVF provision and the other options considered?

- Yes
- No

2. Are you currently receiving or have received IVF treatment funded by NHS?

- I am currently receiving this service
- I have received this service in the past
- I have never received this service
- I don't know

3. In Rochdale we are proposing to reduce provision to one funded cycle of IVF. The reasons for this proposal and the other options considered are described in the supporting document. Bearing in mind the information in that document do you agree with our proposal?

- Yes
- No
- I am not sure

4. If you would like to tell us the reason behind your answer to question 3 please use the box below.

If you would like to share your experiences of IVF with us, please email the HMR CCG Engagement Lead at phil.burton@nhs.net

Consultation on a proposal to review the way IVF provision in the borough of Rochdale

About You

The following questions allow us to examine if different groups have different or similar views on the issues. They will not effect the confidentiality of your responses.

5. Are you registered with an HMR CCG GP practice?

Yes

No

6. Please give us the first part of your post code, e.g. M24, OL10

7. Please use the box below to tell us the ethnic background you identify with, e.g., Black African, Pakistani, White British, etc.

8. What is your age? Please tick the age band that matches your own.

16 years to 20 years old

51 to 60

21 to 30

61 to 70

31 to 40

Over 70 years old

41 to 50

9. What gender do you identify with?

- Male
- Female
- I am not sure
- Transitioning
- I would rather not say

10. Which of the following options best describes how you think of yourself?

- Heterosexual / Straight
- Homosexual / Gay man
- Lesbian / Gay woman
- Bisexual
- I am not sure
- I would rather not say

11. Do you have a long term physical or mental health condition that affects your daily life? Please tick any box that applies.

- Yes - Physical
- Yes - Mental
- No
- I would rather not say

12. Do you consider yourself to be disabled?

- Yes
- No
- I would rather not say

13. Do you act as carer for a family member with a physical or mental health condition either formally or informally?

- Yes
- No
- I would rather not say.